DEPT.-65

JOB- 28

REEL- 14

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23037

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily

B. ☐ Dispose of present accumulation, no additional accumulation anticipated

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls + Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KF 29907

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH

18085

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. September 12 1882

HEALTH DEPARTMENT SEP 13 1 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 11th 1882
4. *Place of Birth, (Street and Number)* No 12 N. Castle Street
5. *Full Name of Mother,* Luisa Sattler
6. *Mother's Maiden Name,* Luisa Wagner
7. *Mother's Birthplace,* America
8. *Full Name of Father,* August Sattler
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Arnold

Address, No 137 S. Wolfe St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

58006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 11, 1882
4. *Place of Birth, (Street and Number)* N. Bond St. No. 30
5. *Full Name of Mother,* Anna Geisenkötter
6. *Mother's Maiden Name,* Anna Wagner
7. *Mother's Birthplace,* Amberg K. Bayern. Germany
8. *Full Name of Father,* Wilhelm Geisenkötter
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Greven K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, Dallas St. No. 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58007

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male ~~or female~~)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	2h 40m A.M. 11th September, 1882.
4. *Place of Birth (Street and Number)*	113 Pearl St, Baltimore, Maryland
5. *Full Name of Mother*	Laura Ann Cooper
6. *Mother's Maiden Name*	Laura Ann Bailey
7. *Mother's Birthplace*	Talbot County Maryland.
8. *Full Name of Father*	Charles Caleb Cooper
9. *Father's Occupation*	Owner of Furniture Wagons
10. *Father's Birthplace*	Howard County Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Wm. I. Worth M.D.
Address	236 N. Howard St
Remarks	

RETURN OF A BIRTH, 18008

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 12th Sept 1882
4. *Place of Birth, (Street and Number)* Patterson Ave 93
5. *Full Name of Mother* Alice A High
6. *Mother's Maiden Name* Alice A Boughman
7. *Mother's Birthplace* Baltimore Co D Patterson Ave
8. *Full Name of Father* Alfred High
9. *Father's Occupation* House and sign Painter
10. *Father's Birthplace* Baltimore Co D Patterson Ave

Name of Medical Attendant, or other Person who makes this Return. Misses Carroll midwifes

Address Patterson Ave No 7

Remarks

RETURN OF A BIRTH.

18001

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth Child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 12th
4. *Place of Birth (Street and Number)* 420 S. Ann's St
5. *Full Name of Mother* Margaret Thuman
6. *Mother's Maiden Name* Coltman
7. *Mother's Birthplace* Baltimore (city)
8. *Full Name of Father* George Thuman
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Thos. Simms M.D.

Address 710 S. Broadway

Remarks

OCT 4 1882

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, waether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 18012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	10
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	September 12 1882
4. *Place of Birth,* (*Street and Number*)	# 188 S. Ann St
5. *Full Name of Mother*	Mary Jane Kiss
6. *Mother's Maiden Name,*	Sommer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Jas Kiss
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa L Krapf
Address,	2216 Eastern Ave
Remarks.	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

58011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 12th
4. *Place of Birth (Street and Number)*	145 Sharp St
5. *Full Name of Mother*	Mary E. Willard
6. *Mother's Maiden Name*	" " Harding
7. *Mother's Birthplace*	Frederick
8. *Full Name of Father*	Geo. T. Willard
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Frederick
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M.D.
Address	151 Hanover St
Remarks	

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12th
4. Place of Birth, (Street and Number) 324 S. Charles st
5. Full Name of Mother, Henrietta Wessel
6. Mother's Maiden Name, Henrietta Eye
7. Mother's Birthplace, Hanover Breman
8. Full Name of Father, Henry Wessel
9. Father's Occupation, Dry goods Merchant
10. Father's Birthplace, Braunschwig Breman

Name of Medical Attendant, or other Person who makes this Return Ralph Mimes

Address, 1 Leadenhall st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5801 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 12th 1882
4. Place of Birth (Street and Number) 356 E. Trate
5. Full Name of Mother Margaretha Heenken
6. Mother's Maiden Name Guth
7. Mother's Birthplace Germany
8. Full Name of Father Daniel Heenken
9. Father's Occupation Hevedore
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mathieu, M.D.

Address 245 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

58014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Sept 1882
4. *Place of Birth, (Street and Number)* Balto Washington St No 467
5. *Full Name of Mother,* Mary Neimann
6. *Mother's Maiden Name,* Mary Hershell
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Vensel Neimann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N Washington St

Remarks,

Mary Koptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 2 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Black
3. *Date of Birth*	Septe 12th 1882
4. *Place of Birth (Street and Number)*	No 10 Clarkson Le
5. *Full Name of Mother*	Mary Catherine Butts
6. *Mother's Maiden Name*	" " Johnson
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Wm Henry Butts
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	Caroline Moore
Address	No 2 Deland Av
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) pt

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12 82
4. *Place of Birth, (Street and Number)* 42 N Stricker St
5. *Full Name of Mother,* Mary Elizabeth Addison
6. *Mother's Maiden Name,* Mary Elizabeth Allison
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Saml. T. Addison
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return F. E. Chatard M

Address, 114 Park

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 58017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~[illegible]~~

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth* 12 of September
4. *Place of Birth, (Street and Number)* Baltimore City pin alley No 55
5. *Full Name of Mother* Mrs Mary Johnes
6. *Mother's Maiden Name* Mary Washington
7. *Mother's Birthplace* Baltimore City M D
8. *Full Name of Father* Lezcier Johnes
9. *Father's Occupation* Saller Saller
10. *Father's Birthplace* Colbert Conty M D

Name of Medical Attendant, or other Person who makes this Return. Mary C Lew

Address No 1 Cross alley

Remarks None

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 12th 1882
4. *Place of Birth, (Street and Number)* Harrison St.
5. *Full Name of Mother,* Mary Scheermann
6. *Mother's Maiden Name,* " Ethelmann
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Micheal Scheermann
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E. Lombard St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT CITY REC'D 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~First~~ Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12th 1882
4. *Place of Birth, (Street and Number)* 203 Hanover Street
5. *Full Name of Mother,* Isabella Vane
6. *Mother's Maiden Name,* Isabella Magee
7. *Mother's Birthplace,* Cambridge Maryland
8. *Full Name of Father,* Joseph Vane
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return F. A. Riley M D

Address, 158 Hanover st

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 18020

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st lb
(state whether male or female)	Male
e or Color, (if not of the white race)	White race
e of Birth	September the 10th
ce of Birth, (Street and Number)	Baltimore William St cor 3rd
Name of Mother	frances Allen
her's Maiden Name	frances webster
her's Birthplace	Baltimore
Name of Father	joseph Allen
her's Occupation	Laborer
her's Birthplace	Baltimore
e of Medical Attendant, or other Person who makes this Return.	Elizabeth Hathaway
ress	William St cor 3rd
arks	

RETURN OF A BIRTH

5 1021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 12 1882.
4. *Place of Birth, (Street and Number)* No 388 Mc Henry St.
5. *Full Name of Mother,* Mary Stanly
6. *Mother's Maiden Name,* Engelbert.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Stanly.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Anne Gardner

Address, No 75 S. Monroe St.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 57022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 12th
4. *Place of Birth, (Street and Number)* No 143 N. Mc. Elderyst
5. *Full Name of Mother,* Jene Kahlon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Kahlon
9. *Father's Occupation,* Coach painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 12th 1882
4. Place of Birth (Street and Number)	191 Central Avenue
5. Full Name of Mother	Ida A. Booz
6. Mother's Maiden Name	Ida A. Wood
7. Mother's Birthplace	Newbern N. Ca
8. Full Name of Father	George W. Booz
9. Father's Occupation	Planter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A. J. Ball M.D
Address	234 Madison Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

S1024

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 16 1902

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12th
4. *Place of Birth, (Street and Number)* Belair ave Extended
5. *Full Name of Mother,* Mrs Emila Stahn
6. *Mother's Maiden Name,* Pitzke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm Stahn
9. *Father's Occupation,* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Pitzke

Address, 1035 S. Bond st

Remarks,

WM. V. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

18025

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
SEP
16
1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 12/892
4. Place of Birth (Street and Number)	67 Gravel Alley
5. Full Name of Mother	Mary Gaines
6. Mother's Maiden Name	Mary Murphy
7. Mother's Birthplace	Ireland
8. Full Name of Father	Moses Gaines
9. Father's Occupation	Carriage Driver
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Thos. J. Ward M.D.
Address	927 St. Paul St.
Remarks	

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18026

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 12 — 1882
4. *Place of Birth, (Street and Number)*	Gay St. No. 396
5. *Full Name of Mother,*	Albertina Sule
6. *Mother's Maiden Name,*	" Schimeritz
7. *Mother's Birthplace,*	Likler Preusen Germany
8. *Full Name of Father,*	Frank Sule
9. *Father's Occupation,*	Locksmith
10. *Father's Birthplace.*	Preusen Germany.
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20, Barnes Str Balto
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58027

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* Colord Race
3. *Date of Birth,* Sep 12 1882
4. *Place of Birth, (Street and Number)* 249 Orleans St
5. *Full Name of Mother,* Sarah Holmes
6. *Mother's Maiden Name,* Sarah Stephson
7. *Mother's Birthplace,* Prince Sumerset Co
8. *Full Name of Father,* Joseph Holmes
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* St Louis

Name of Medical Attendant, or other Person who makes this Return Lucindia Woolford

Address, 130 N Register St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 14 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Son

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 the day of Sept - 1882
4. *Place of Birth, (Street and Number)* Ensor street 64
5. *Full Name of Mother,* Wilhelmina Maennel
6. *Mother's Maiden Name,* Wilhelmina Schmidt
7. *Mother's Birthplace,* Probstrain Prussia
8. *Full Name of Father,* Fried August Maennel
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Freiberg Saxonia Germany

Name of Medical Attendant, or other Person who makes this Return Maennel

Address, Ensor street 64.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 12/82
4. *Place of Birth (Street and Number)* 1 Warsche St
5. *Full Name of Mother* Narcissa White
6. *Mother's Maiden Name* Narcissa Robinson
7. *Mother's Birthplace* Amelia C. Md
8. *Full Name of Father* Chas White
9. *Father's Occupation* Janitor B.C. College
10. *Father's Birthplace* South Carolina

Name of Medical Attendant, or other Person who makes this Return. W. F. Hengst

Address 89 N Green St

Remarks Anni Johnson 94 Tyson St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 18030

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 13 1
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 12 - 1882 -
4. Place of Birth (Street and Number)	46 Dolphin st
5. Full Name of Mother	Mary Ledoyen Howell
6. Mother's Maiden Name	Mary Ledoyen
7. Mother's Birthplace	Stafford Co -
8. Full Name of Father	Lloyd Howell
9. Father's Occupation	Cigar - Maker
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	C. F. Brown M.D.
Address	Lexington Ave & Lanvale st -
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 Sep.
4. *Place of Birth, (Street and Number)* 47 Spring st.
5. *Full Name of Mother,* Ella Blumhoff
6. *Mother's Maiden Name,* " King
7. *Mother's Birthplace,* Pensylvania
8. *Full Name of Father,* Henry Blumhoff
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbry

Address, 48 Holland st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18032

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 12th 1882 (2-15 A.M.)
4. Place of Birth, (Street and Number) No 427 W. Fayette Street
5. Full Name of Mother, Mrs John N. Lambie
6. Mother's Maiden Name, Emma A. Rogge
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, John Nathaniel Lambie
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return Mrs Dunbar

Address, 60 Schroeder St

Remarks,

J. C. DILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 September 1882
4. *Place of Birth, (Street and Number)*	84 N. Amity Street
5. *Full Name of Mother,*	Catherine Schultz
6. *Mother's Maiden Name,*	Catherine Winkler
7. *Mother's Birthplace,*	34 Park Street.
8. *Full Name of Father,*	Charles Schultz
9. *Father's Occupation,*	Salesman.
10. *Father's Birthplace,*	18. Patterson avenue
Name of Medical Attendant, or other Person who makes this Return	Mrs Dunker
Address,	60 Schroeder St.
Remarks,	

© BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18034

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* Born 12th September
4. *Place of Birth,* (Street and Number) Ann St Between Fayette & Orleans
5. *Full Name of Mother,* Sophia Gettner
6. *Mother's Maiden Name,* Sophia Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Gettner
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Ann Haywood

Address, 396 E. Orleans St City

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

580 35

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Irish
3. Date of Birth	Sept 13th 1882
4. Place of Birth (Street and Number)	Whatcoat St No 11
5. Full Name of Mother	Mary Power
6. Mother's Maiden Name	Mary Leary
7. Mother's Birthplace	Wexford Co Ireland
8. Full Name of Father	Geo F. Power
9 Father's Occupation	Horse Shoer
10. Father's Birthplace	Wexford Co Ireland
Name of Medical Attendant, or other Person who makes this Return.	L. G. Spanow Md
Address	No 427 N. Stricker St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 18036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 13th 1882
4. *Place of Birth, (Street and Number)* 326 Franklin St.
5. *Full Name of Mother,* Olivia Frances Hoffman
6. *Mother's Maiden Name,* " " Deshields
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Leonard Hoffman
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Grand Duchy Hesse Darmstadt Germany

Name of Medical Attendant, or other Person who makee this Return Mrs. Ellen Deshields

Address, #326 Franklin St.

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 18037

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
SEP 16 1
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* September the 13th 1882
4. *Place of Birth, (Street and Number)* No 143 Hanover St
5. *Full Name of Mother* Isabella Ray
6. *Mother's Maiden Name* Isabella Mitchiles
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John F Ray
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Conrad mid wife

Address No 319 Court St

Remarks mother and child doing well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18038

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 15 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 13 Sept
4. *Place of Birth, (Street and Number)* Calvert St 117
5. *Full Name of Mother* Catherine Burns
6. *Mother's Maiden Name* Catherine Carroll
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Burns
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Louisa Carroll midwife

Address Patterson Avenue 2

Remarks

RETURN OF A BIRTH.

18039

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 15 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 13th 82 P.M. 1882 Bay
4. *Place of Birth (Street and Number)* 157 S. Ann
5. *Full Name of Mother* Catharine Smith
6. *Mother's Maiden Name* C. Denny
7. *Mother's Birthplace* Canada
8. *Full Name of Father* Albert Smith
9. *Father's Occupation* Rev. Cutler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address 299 E Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13th 1882
4. *Place of Birth, (Street and Number)* No 182 Font Ave
5. *Full Name of Mother,* Sarah F Weber
6. *Mother's Maiden Name,* Sarah F Cather
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* J George Weber
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany Hessen darm Statt

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address. No 23 Patapsco Street

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

S 8041

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 13th 1882
4. *Place of Birth, (Street and Number)* 587 Druid Hill Av
5. *Full Name of Mother,* Ida Thompson
6. *Mother's Maiden Name,* Ida Holland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Thompson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return E W Mitenberger

Address, 171 W. Monument

Remarks,

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
2
1882
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* Sept. 13, 1882.
4. *Place of Birth,* (Street and Number) 7 N. Liberty St.
5. *Full Name of Mother,* Julia C. Becker,
6. *Mother's Maiden Name,* " " Günther
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Carl F. C. Becker
9. *Father's Occupation,* Restaurant Keeper,
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. George H. Rohé

Address, 95 Park Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18043

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2 1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	September 13th 1882
4. *Place of Birth,* (*Street and Number*)	#236 Allicesanna St
5. *Full Name of Mother,*	Madie Willier
6. *Mother's Maiden Name,*	Leitz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Willier
9. *Father's Occupation,*	Brackman
10. *Father's Birthplace,*	Frederick
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Kraft
Address,	236 Allicesanna St
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 21 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th September
4. *Place of Birth, (Street and Number)*	160 Hudson Street
5. *Full Name of Mother,*	Marion A. Goff
6. *Mother's Maiden Name,*	Marion A Sullens
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thomas Goff
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	104 Curley Street Canton.
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18045

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 13th of September

4. *Place of Birth, (Street and Number)* Maryland ave. near Monument

5. *Full Name of Mother,* Mary Coffay

6. *Mother's Maiden Name,* " Dougherty

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* William Coffay

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 369 Cathedral St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 180746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 September 1882
4. *Place of Birth, (Street and Number)*	26 N. Ammidy St
5. *Full Name of Mother,*	Emma Eckert
6. *Mother's Maiden Name,*	Emma Smith
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William J Eckert
9. *Father's Occupation,*	Brush Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs. Seabrook
Address,	
Remarks,	

Correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

S 8047

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* Sept. 13th 1882.
4. *Place of Birth,* (Street and Number) 448 E. Eager St.
5. *Full Name of Mother,* Ida C. Purcell.
6. *Mother's Maiden Name,* McComas.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Edgar A. Purcell
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Virginia.

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. White,

Address, 342 N. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

S10048

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1892 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 13 92
4. *Place of Birth, (Street and Number)*	197 N Calvert
5. *Full Name of Mother,*	Louise Didier
6. *Mother's Maiden Name,*	Louise Northrop
7. *Mother's Birthplace,*	S. Carolina
8. *Full Name of Father,*	Eugene Didier
9. *Father's Occupation,*	Editor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	J. E. Chataud Jr
Address,	114 Park Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58049

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 18 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13: 82
4. *Place of Birth, (Street and Number)* N. E. corner Myrtle ave & Franklin St
5. *Full Name of Mother,* Diena Vogel
6. *Mother's Maiden Name,* Diena Wich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip R. Vogel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Wm McKemp MD

Address. 55 N. Green St

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 13th 1882
4. *Place of Birth, (Street and Number)* 86 Harrison st.
5. *Full Name of Mother,* Leah Davis
6. *Mother's Maiden Name,* " Spillman
7. *Mother's Birthplace,*
8. *Full Name of Father,* Morris Davis
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Mr. C. Bernstein

Address, 11 B. E. Lombard st.

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

58051

HEALTH DEPARTMENT
1882
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 13 of Sept -
4. *Place of Birth (Street and Number)* 105 Jasper
5. *Full Name of Mother* Susan Collins
6. *Mother's Maiden Name* Susan Brown
7. *Mother's Birthplace* St Mary County
8. *Full Name of Father* Frank Brown
9. *Father's Occupation* work at stable
10. *Father's Birthplace* St Mary County

Name of Medical Attendant, or other Person who makes this Return. Miss Annie Johnson

Address 94 Tyson St

Remarks doing well.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1 1892 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or ~~Female~~) Two Boys (Twins)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 13th 1882
4. Place of Birth (Street and Number) 237 W. Hoffman St
5. Full Name of Mother Margaret V. McDonald
6. Mother's Maiden Name " " Parsly
7. Mother's Birthplace Md
8. Full Name of Father John W. McDonald
9. Father's Occupation Driver
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. H. Grimes M.D.

Address 259 Newfoundland

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 11053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Sept 13 1892
4. *Place of Birth, (Street and Number)*	263 Ile Borough
5. *Full Name of Mother,*	Sarah Rose
6. *Mother's Maiden Name,*	Sarah Miller
7. *Mother's Birthplace,*	Independent Co
8. *Full Name of Father,*	Daniel Rose
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Lucinda Woolford
Address,	26 Register
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58054

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	12 September
4. *Place of Birth,* (*Street and Number*)	96 Baltimore street.
5. *Full Name of Mother,*	Mary Langlose
6. *Mother's Maiden Name,*	Curbl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gustar Langlose
9. *Father's Occupation,*	Drunk store
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lumbert street.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58055

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* september 13th 1882
4. *Place of Birth, (Street and Number)* no 17 Coatlen st
5. *Full Name of Mother,* Lucy voating
6. *Mother's Maiden Name,* Lucy freemax
7. *Mother's Birthplace,* richmond
8. *Full Name of Father,* richard freemax
9. *Father's Occupation,* barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return mary ann dorsey

Address. 53 perry street

Remarks. five dollars

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th Oct 82
4. *Place of Birth, (Street and Number)* 348 Montgomery St
5. *Full Name of Mother,* Rose Slater
6. *Mother's Maiden Name,* Rose Snifer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James Slater
9. *Father's Occupation,* Candy Maker
10. *Father's Birthplace,* Mass

Name of Medical Attendant, or other Person who makes this Return J. Miller M.D.

Address, 188 Franklin St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 13 1882
4. *Place of Birth, (Street and Number)* 258 Calhoun St
5. *Full Name of Mother,* Lizzie Johnning
6. *Mother's Maiden Name,* Lizzie Whitting
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Ernest Johnning
9. *Father's Occupation,* Lock Smith for B. Mill Clinkr
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs A. Musey Ld

Address, 345 Bonna

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 15058

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 13 1902
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth,*	Sep 13
4. *Place of Birth,* (Street and Number)	165 Division St.
5. *Full Name of Mother,*	Sallie Buck Jones
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Wm H. Buck
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	H M Gibson
Address,	257 Mad ave.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

58059

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14th 1882
4. Place of Birth (Street and Number)	N. Bond St
5. Full Name of Mother	Nettie Cook
6. Mother's Maiden Name	Nettie Thomas
7. Mother's Birthplace	60 N. Bond
8. Full Name of Father	George A. Cook
9. Father's Occupation	Sawyer & Turner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm N. Hill M.D.
Address	196 E. Baltimore
Remarks	

Six months child, non viable

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 16 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* Sept 14 1892
4. *Place of Birth, (Street and Number)* 21 Broadway Court
5. *Full Name of Mother,* Ellizzie Webb
6. *Mother's Maiden Name,* Elizzie Cornish
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Webb
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return Lucinda Hosford

Address, 130 N Bregster St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5th Child

1. *Sex,* (*state whether male or female*) Boy.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* 14th of September 1882.
4. *Place of Birth,* (*Street and Number*) 379 East Fayette Street.
5. *Full Name of Mother,* Maggie Sauer.
6. *Mother's Maiden Name,* Maggie Marr.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Andrew L. Marr.
9. *Father's Occupation,* Laborman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Cresentia Kunkel

Address, 71 North Chapel street for Cresentia Kunkel

Remarks, Free born Alleged.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(1) first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	September 14 1882
4. *Place of Birth, (Street and Number)*	18 Columbia ave
5. *Full Name of Mother,*	Louise Padum
6. *Mother's Maiden Name,*	Louise Balke
7. *Mother's Birthplace,*	~~Germ~~ Baltimore City
8. *Full Name of Father,*	Louis Padum
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs. Kunigunda Schlifer
Address,	20 Columbia ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return by Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., OFFICE PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58063

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 14 ; 10 A.M. 1882. Day
4. *Place of Birth (Street and Number)* 320 E Baltimore St.
5. *Full Name of Mother* Laura Buckingham Moore
6. *Mother's Maiden Name* Laura B. Shaffer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Fairfield Moore
9. *Father's Occupation* Officer Doctor
10. *Father's Birthplace* Bald. City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 299 E Baltimore St.

Remarks

RETURN OF A BIRTH 58064

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	7th.
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	September 14th. 1882.
4. *Place of Birth*, (*Street and Number*)	No 710 Chestnut St.
5. *Full Name of Mother*,	Sophia Ruhle
6. *Mother's Maiden Name*,	Sophia Beatie
7. *Mother's Birthplace*,	Towsontown
8. *Full Name of Father*,	Georg Ruhl
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	New York.
Name of Medical Attendant, or other Person who makes this Return	M. A. Butler
Address,	No. 185 S.E. cor. Centre av. & Monument St.
Remarks,	All Well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The eigth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of September
4. *Place of Birth, (Street and Number)* No. 25 Elizabeth lane
5. *Full Name of Mother,* Katharine Hartestine
6. *Mother's Maiden Name,* Katharine Gunther
7. *Mother's Birthplace,* Born in State of Virginia
8. *Full Name of Father,* Joseph Hartenstein
9. *Father's Occupation,* Basket Maker
10. *Father's Birthplace,* Berlen Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Meinch

Address, 1 Lowdon Court

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Office Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 58066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2nd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 14th September
4. *Place of Birth,* (*Street and Number*) 106 Dolphin St.
5. *Full Name of Mother,* Mary Lidard
6. *Mother's Maiden Name,* " Curtis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Lidard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 369 Cathedral St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No 67

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 14 Sept 1892
4. *Place of Birth,* (*Street and Number*) Balto Biddle st No 38
5. *Full Name of Mother,* Anna Svehla
6. *Mother's Maiden Name,* Anna Kraus
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Svehla
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopfish

Address, 69 N. Washington st

Remarks, Mary Kopfish

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58068

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 14th 1882
4. *Place of Birth, (Street and Number)* No 13 Byrd st
5. *Full Name of Mother* Amelie Buttler
6. *Mother's Maiden Name* Amelie Valetine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Max Buttler
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Thornany

Address No 18 Byrd st

Remarks

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

5869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	— "
4. *Place of Birth, (Street and Number)*	Born September 14th 1882. at No. 165 Greenmount Av.
5. *Full Name of Mother,*	Emma M. Miller.
6. *Mother's Maiden Name,*	Emma Marion King.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Harry William Miller.
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Sarah Wooden.
Address,	No. 120 Greenmount Av.
Remarks,	

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58070

1882

Sept 19

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 14th 1882
4. *Place of Birth, (Street and Number)* # 89 Sharp St
5. *Full Name of Mother,* Blanch Bowie
6. *Mother's Maiden Name,* " Crouch
7. *Mother's Birthplace,* Kent Md
8. *Full Name of Father,* Reginald Bowie
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Prince Geo Md

Name of Medical Attendant, or other Person who makes this Return ~~Jos~~ Bell M.D.

Address, 181 So Sharp St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 14th September 1882.
4. *Place of Birth, (Street and Number)* 3 S. Canotton Av, Baltimore
5. *Full Name of Mother,* Emma Gertrude Wise.
6. *Mother's Maiden Name,* " " Marsh.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry William Wise.
9. *Father's Occupation,* Drive
10. *Father's Birthplace,* St Louis Mo.

Name of Medical Attendant, or other Person who makes this Return Harry L. Byrd, M.D.

Address, 178 Harlem Av, Baltimore Md.

Remarks, Instrumental labor, Vertex presentation. Mother & Child doing well.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of Sp. tumb
4. *Place of Birth, (Street and Number)* No 6 Kaufmans Alley
5. *Full Name of Mother,* Kung Rughinear
6. *Mother's Maiden Name,* Kung Schanidous
7. *Mother's Birthplace,* Bayern
8. *Full Name of Father,* John Rughiner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other Person who makes this Return Sabina Grindaker

Address, Worth

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
18 1
1882
BALTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 14/82
4. *Place of Birth, (Street and Number)*	122 Stollins
5. *Full Name of Mother,*	Lucinda O. Gorman
6. *Mother's Maiden Name,*	Kilburn
7. *Mother's Birthplace,*	Pa
8. *Full Name of Father,*	Jas O'Gorman
9. *Father's Occupation,*	Book Canvasser
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	39 N. Carey St.
Remarks,	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 51074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
18 1
1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* born on the 4th of September 92
4. *Place of Birth, (Street and Number)* 112 St. Peter St.
5. *Full Name of Mother,* Miss Bauman
6. *Mother's Maiden Name,* Miss Beck
7. *Mother's Birthplace,* born in the City of Baltimore
8. *Full Name of Father,* Charles Bauman
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* born in Wurtenberg Germany

Name of Medical Attendant, or other Person who makes this Return Miss Hilles

Address, 1817 W. Pratt St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1

RETURN OF A BIRTH.

5807 A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 18 1882

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth Sept. 14 1882
4. Place of Birth (Street and Number) 280 Hamburg st Balt
5. Full Name of Mother Mariah Taylor
6. Mother's Maiden Name " wise
7. Mother's Birthplace ~~Balt~~ Amranal Co
8. Full Name of Father Benjamin Taylor
9. Father's Occupation Labor
10. Father's Birthplace Yorktown Va

Name of Medical Attendant, or other Person who makes this Return. ~~Mary~~ Mary G Dennis

Address 21 Peach Aly

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 14th 1887
4. *Place of Birth, (Street and Number)* 71 Harrison st.
5. *Full Name of Mother,* Judas Margolius Luria
6. *Mother's Maiden Name,* Judas Luria Margolius
7. *Mother's Birthplace,*
8. *Full Name of Father,* Hancock Luria
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E. Lombard st.

Remarks,

Incorrect Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18077

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 14th Sept.
4. *Place of Birth, (Street and Number)*	No 167 Harford ave
5. *Full Name of Mother,*	Mary A Gosnell
6. *Mother's Maiden Name,*	Mary Krebs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James H Krebs
9. *Father's Occupation,*	Horse Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Cristina Sauer,
Address,	173 Harford ave
Remarks,	1882

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18078

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 14 the Sept 1892
4. *Place of Birth, (Street and Number)* No 60 Biddle alley
5. *Full Name of Mother,* Martha Barnard
6. *Mother's Maiden Name,* Martha Blake
7. *Mother's Birthplace,* Annerandel County
8. *Full Name of Father,* Loyed Barnard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Annerandel County

Name of Medical Attendant, or other Person who makes this Return Marian Mason

Address, No 37 walnut alley

Remarks,

RECEIVED DEPARTMENT OF HEALTH SEP 18 1893 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 14th 1882 4 P M
4. *Place of Birth (Street and Number)* 13 Penn Square
5. *Full Name of Mother* Anna J Henry
6. *Mother's Maiden Name* Anna J Homan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Augt Henry
9. *Father's Occupation* Baltimore Md
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Julia A Greene

Address Mrs Julia A Greene 466 Gay st Balto

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 7-21-54

RETURN OF A BIRTH.

58080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

	Helen Elizabeth Morehouse
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 14 - 82
4. Place of Birth (Street and Number)	84 N. Eutaw St.
5. Full Name of Mother	Ada Morehouse
6. Mother's Maiden Name	VanValkenburgh
7. Mother's Birthplace	New York State
8. Full Name of Father	Arthur G. Morehouse
9. Father's Occupation	Journalist.
10. Father's Birthplace	Connecticut.
Name of Medical Attendant, or other Person who makes this Return.	W. E. Morris M.D.
Address	248 N. Eutaw St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* September 14 1892
4. *Place of Birth (Street and Number)* 169 Pine St
5. *Full Name of Mother* Elizabeth Mackey
6. *Mother's Maiden Name* Elizabeth Douglass
7. *Mother's Birthplace* Baltimore [illegible] md
8. *Full Name of Father* [illegible] Mackey
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte

Address 257 Dolphin St

Remarks none

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

58082

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 14 82.
4. *Place of Birth, (Street and Number)* Herings Court No 1
5. *Full Name of Mother,* Susanna Kapler
6. *Mother's Maiden Name,* Hamann
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Franz Kapler
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* W. Virginia

Name of Medical Attendant, or other Person who makes this Return Mr Joh. Rocubach

Address, S. Wolfstr 14

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1086

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
28
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd chl

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Sept 15 1882
4. *Place of Birth, (Street and Number)* No 173 W Lombard st
5. *Full Name of Mother* Ellen Mc Jeer
6. *Mother's Maiden Name* Ellen Hagan
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Richard Mc Jeer
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 25 Franklin st

Remarks

RETURN OF A BIRTH 5 8084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colloved
3. *Date of Birth,*	September 15th. 1882.
4. *Place of Birth, (Street and Number)*	No. 5. H. Alley.
5. *Full Name of Mother,*	Josaphine Thomas. Josaphin James.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John James.
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No. 185 S.E. cor. of Centre av. & Monument St.
Remarks,	All Well

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58085

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* September 14th. 1882.
4. *Place of Birth, (Street and Number)* No. 1 McCubben St.
5. *Full Name of Mother,* Emily Johnson.
6. *Mother's Maiden Name.* Emily Harris
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Johnson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S.E. cor. Centrel av. & Monument St.

Remarks, All Well.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58086

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15
4. *Place of Birth, (Street and Number)* No 43 Covington st Baltimore
5. *Full Name of Mother,* Lizzie Gording
6. *Mother's Maiden Name,* Lizzie Andre
7. *Mother's Birthplace,* Cassel Germany
8. *Full Name of Father,* Charles Gording
9. *Father's Occupation,* Glass house work
10. *Father's Birthplace.* Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs Minnf

Address, 1 Lowdenhall St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Twins. Females.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th of September.
4. *Place of Birth, (Street and Number)* 151 Linden Ave.
5. *Full Name of Mother,* Margaret Jane Brustmiller.
6. *Mother's Maiden Name,* " " Braden.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Brustmiller.
9. *Father's Occupation,* Officer in Penitentiary
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby.

Address, 369 Cathedral St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No 1088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 2
1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 11th September

4. *Place of Birth, (Street and Number)* 331 Cathedral St.

5. *Full Name of Mother,* Mary Mc Closkey

6. *Mother's Maiden Name,* Mc Carty

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward Mc Closkey

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Charlotte Mc Closkey

Address, 369 Cathedral St.

Remarks,

"correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 18 1882 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex. (state whether male or female)	Female
2. Race or Color. (if not of the white race)	
3. Date of Birth,	Sept 15th 1882
4. Place of Birth, (Street and Number)	No 9 Clarkson
5. Full Name of Mother.	Mary Classel
6. Mother's Maiden Name.	Brodt
7. Mother's Birthplace,	America
8. Full Name of Father.	Henry Classel
9. Father's Occupation,	Painter
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwaner midwife
Address,	330 Hanover st.
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating, distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, and the maiden name of the mother of such child or children, and the residence of the parents."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
2
1882
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th 1882
4. *Place of Birth, (Street and Number)* 329 S. Charles St
5. *Full Name of Mother,* Mary Stewart
6. *Mother's Maiden Name,* +
7. *Mother's Birthplace,* +
8. *Full Name of Father,* +
9. *Father's Occupation,* +
10. *Father's Birthplace,* +

Name of Medical Attendant, or other Person who makes this Return. A. Atkinson M.D.

Address, 119 N Charles St

Remarks, Don't Know the names which Checked off the unmarried.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 5809/

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Sept 5th 1882
4. *Place of Birth, (Street and Number)* 25 E. Madison St.
5. *Full Name of Mother* Mary Ann Harron
6. *Mother's Maiden Name* " " Hoffman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Harron
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edwd. P. McDevitt

Address 54 Eighth St

Remarks

RETURN OF A BIRTH.

18092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 27 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three Children
1. *Sex (state whether Male or Female)*	Female Child
2. *Race or Color (if not of the white race)*	Colered
3. *Date of Birth*	Sept 15
4. *Place of Birth (Street and Number)*	Charles Street No 1402
5. *Full Name of Mother*	Margett Adline Berry
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Wm Alexander Berry
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Accomac County Va
Name of Medical Attendant, or other Person who makes this return	~~Dana Dianna Campbell~~
Address	Dianna Campbell
Remarks	Very good Condition

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of September 1882
4. *Place of Birth, (Street and Number)* 87 Cambridge St
5. *Full Name of Mother,* Mary E. Jones
6. *Mother's Maiden Name,* L. Reese
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Jones
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley

Address, No 12 Patterson Park

Remarks,

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6" child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 15/82
4. *Place of Birth, (Street and Number)*	428 Canton av.
5. *Full Name of Mother,*	Elizabeth Blansbury
6. *Mother's Maiden Name,*	Adams
7. *Mother's Birthplace,*	" Balto
8. *Full Name of Father,*	Ed. Blansbury
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M. D.
Address,	117 S. Broadway
Remarks,	

Sept 25

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Weit
3. *Date of Birth,*	15 September
4. *Place of Birth, (Street and Number)*	Clapp Street No 11
5. *Full Name of Mother,*	Anna Gotzinger
6. *Mother's Maiden Name,*	" Muller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Gotzingern
9. *Father's Occupation,*	Freiber
10. *Father's Birthplace,*	Philippsburg Baden
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombard street No 278
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 15096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1899 BALTIMORE

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	1 Birth
1. *Sex.* (*state whether male or female*)	Boi
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	15 September
4. *Place of Birth.* (*Street and Number*)	Lombard Street No 331
5. *Full Name of Mother.*	Marie Steckroth
6. *Mother's Maiden Name.*	" " Weis
7. *Mother's Birthplace.*	Adelsdorf Baiern
8. *Full Name of Father.*	Oskar Steckroth
9. *Father's Occupation.*	
10. *Father's Birthplace.*	Adeldorf Baiern
Name of Medical Attendant, or other Person who makes this Return	
Address.	Lombard Street No 218
Remarks.	not Married

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

s 8096 1/2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 21 1892
BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Weit
3. *Date of Birth,*	15 September
4. *Place of Birth, (Street and Number)*	Washingtonstreet No 96
5. *Full Name of Mother,*	Augusto Sandkuler
6. *Mother's Maiden Name,*	" " Fastenrath
7. *Mother's Birthplace,*	Klutekswagen Peussen
8. *Full Name of Father,*	Heinrik Sandkuler
9. *Father's Occupation,*	Brauer
10. *Father's Birthplace,*	Osnabruk Hanover
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombardstreet No 218
Remarks,	Mrs Mauser

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 58097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Friday Sept 15th 1882.
4. *Place of Birth, (Street and Number)* No 18 Dover St
5. *Full Name of Mother* Lizzie Rasch
6. *Mother's Maiden Name* Lizzie Jones
7. *Mother's Birthplace* Mary Land
8. *Full Name of Father* Jon Rasch
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Mary Land.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No 57 Bantalo St

Remarks

Th[illegible] accoucheur, midwife, or other person in charge, who shall attend, assist or advise [illegible]t the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days [illegible]hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical [illegible]ondition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

REPORTED CASES AND DEATHS OF NOTIFIABLE DISEASES--NON-

RETURN OF A BIRTH.

58098

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 15th 1892
4. Place of Birth (Street and Number) # 35 Little. George. Street. Balto. City
5. Full Name of Mother Ellen. Watson. Gipson
6. Mother's Maiden Name Ellen. Watson
7. Mother's Birthplace Eastern Shore. of Virginia
8. Full Name of Father George. Wesley. Gipson
9. Father's Occupation A. Porter
10. Father's Birthplace Locas. Grove. Carroll. County. Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah. Smithers

Address # 35 Little. George. Street Balto. City Md

Remarks

RETURN OF A BIRTH 58099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
21
1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 15 1892
4. *Place of Birth, (Street and Number)* 19 Elbow Lane
5. *Full Name of Mother,* Virginia Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Leonard Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th 1882
4. *Place of Birth, (Street and Number)* 72 Lee St
5. *Full Name of Mother,* Mary Verdianni
6. *Mother's Maiden Name,* Mary Antonel
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Louis Verdianni
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return ~~XXX~~ Theodore Cook MD

Address, 146 Hanover St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18101

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	September 15/82
4. *Place of Birth, (Street and Number)*	541 Franklin St.
5. *Full Name of Mother*	Clara Belle Fowler Brown
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City, Md
8. *Full Name of Father*	Joseph Allen Fowler
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Calvert Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

RETURN OF A BIRTH 18102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 19 1882
4. *Place of Birth, (Street and Number)*	615 Light St
5. *Full Name of Mother,*	Mary E. Ellis
6. *Mother's Maiden Name,*	Mary E Scheckells
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Robert Ellis
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	1405 Hanover St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15 - 1882
4. Place of Birth (Street and Number)	135 Arlington Ave
5. Full Name of Mother	Henrietta Daily
6. Mother's Maiden Name	Baxter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Daily
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. Fawcett M. D.
Address	92 Master St.
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

1810 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
23 2
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15 - 1882
4. Place of Birth (Street and Number)	135 Arlington Ave
5. Full Name of Mother	Harriet a Daily
6. Mother's Maiden Name	" Baxter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Daily
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. Fawcett M. D.
Address	92 Master St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 177 Collington 1882
4. *Place of Birth, (Street and Number)* 14th September
5. *Full Name of Mother,* Margret Brown
6. *Mother's Maiden Name,* Harps
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Brown
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, 10 R. Patterson Park A.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~84 Harrison st~~ September 15th 1882
4. *Place of Birth, (Street and Number)* 84 Harrison st
5. *Full Name of Mother,* Esther Buckner
6. *Mother's Maiden Name,* " Hornstein
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* S. Buckner
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E Lombard st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third & 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th September 1882
4. *Place of Birth, (Street and Number)* 4th Door East of Monument Street above charles
5. *Full Name of Mother,* Kathren Ann ~~Hughes~~ Amos
6. *Mother's Maiden Name,* Kathren Ann Hughes
7. *Mother's Birthplace,* 12th Distinct Balto Co
8. *Full Name of Father,* Peter Robert Amos
9. *Father's Occupation,* Produce Salesman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Hennella Glasgow

Address, MC Keldrc St Eplanded

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th Child
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	Sept 15th 1882
4. *Place of Birth,* (*Street and Number*)	No 413 S. Charles st
5. *Full Name of Mother,*	Margareth Weber
6. *Mother's Maiden Name,*	Kinrick
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Weber
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwaser midwife
Address,	330 Hanover st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

SEP 18 1882 DEPARTMENT OF HEALTH BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. SEP 18 1882 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 15, 1882.
4. *Place of Birth, (Street and Number)* S. Eden St. No. 180.
5. *Full Name of Mother,* Sarah Marshall
6. *Mother's Maiden Name,* Sarah Bromley
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles F. Marshall,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No. 26,

Remarks,

...an, accoucheur, midwife, or other person in charge, who shall attend, assist or ... of any child, within the City of Baltimore, shall report to the registrar aforesaid, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children ... their physical condition, whether still-born or not, the full name, nativity, and residence ...ts, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

58109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 15th 1882
4. *Place of Birth, (Street and Number)* No. 257 Orkan St.
5. *Full Name of Mother,* Mary R. Mackey
6. *Mother's Maiden Name,* Mary R. Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Mackey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Leah Walker

Address, No. 15 Duncan Alley

Remarks,

"Thus any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 15th 1882
4. *Place of Birth, (Street and Number)*	Barnes Ste No- 43.
5. *Full Name of Mother,*	Antonie Režáč
6. *Mother's Maiden Name,*	" Pitner
7. *Mother's Birthplace,*	Vadějkov Bohemia
8. *Full Name of Father,*	Albert Režáč
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace.*	Nová Ves Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes Ste Balto
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPT. SEP 18 1882 BALTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 15th
4. *Place of Birth, (Street and Number)* No 19 Kessel St.
5. *Full Name of Mother,* Agnes Maier
6. *Mother's Maiden Name,* " Müller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Konrad Maier
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 71 Granby st

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

58112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* September 15 1882
4. *Place of Birth (Street and Number)* 27 bath
5. *Full Name of Mother*
6. *Mother's Maiden Name* mary Jackson
7. *Mother's Birthplace* baltimore county md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warn

Address 258 Raborg St

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 16th 1882
4. *Place of Birth, (Street and Number)* 25 N. Fremont St
5. *Full Name of Mother* Louisa Sohl
6. *Mother's Maiden Name,* Louisa Wiegman
7. *Mother's Birthplace,* Hanover Germany
8. *Full Name of Father,* Johann Sohl
9. *Father's Occupation,* Saloon
10. *Father's Birthplace.* Hanover, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dunbar

Address, No 60 Schroeder St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Blank Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 15th 1882
4. *Place of Birth, (Street and Number)*	Chase near Harford Ave
5. *Full Name of Mother,*	Elizabeth Pfetch
6. *Mother's Maiden Name,*	Engelhart
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Pfetch
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Gundersdorf Bayern
Name of Medical Attendant, or other Person who makes this Return.	Regina A. Winter
Address,	186 Harford Ave
Remarks,	

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 15. 82.
4. Place of Birth, (Street and Number) U. Arnstr No 83
5. Full Name of Mother, Katharina Sarr
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Johann Sarr
9. Father's Occupation, Kupper
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Baubach

Address, S. Wolfstr No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 19th 1882
4. *Place of Birth, (Street and Number)* 190 Hoffman St
5. *Full Name of Mother,* Julia Vickers
6. *Mother's Maiden Name,* Julia Wilmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo R Vickers
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 121 Williamson St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 16th 1882
4. *Place of Birth, (Street and Number)* 5 Hampstead St
5. *Full Name of Mother,* Ida Boyd
6. *Mother's Maiden Name,* Ida Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Boyd
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return S. Wittenberg

Address, 5121 W. Lemmon St

Remarks,

Heirs and Successors of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18118

GIVEN NAME ADDED 6/2/61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Gertrude S. Hall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth*, September 16th. 1882
4. *Place of Birth*, (Street and Number) No. 12. Horn St.
5. *Full Name of Mother*, Annie Hall
6. *Mother's Maiden Name*, Annie Brises.
7. *Mother's Birthplace*, Prince Georgis County.
8. *Full Name of Father*, Benjamin Hall
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Anarundle County

Name of Medical Attendant, or other Person who makes this Return, ~~Attd~~ M. A. Butt

Address, No. 185. S.E. cor. Centre av. & Monument St.

Remarks, All Well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Returns of Vital Statistics to the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d. child.
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	16. September.
4. *Place of Birth, (Street and Number)*	652. Light Street.
5. *Full Name of Mother,*	Annie Elisabeth Fröhlig.
6. *Mother's Maiden Name,*	Fröhlig.
7. *Mother's Birthplace,*	Cumberland. Allegahny county.
8. *Full Name of Father,*	Henry Schmitter.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Mrs. München.
Address,	Laurens[illegible]
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 21 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Wit
3. *Date of Birth,*	16 September
4. *Place of Birth, (Street and Number)*	Park Street Canton No 27
5. *Full Name of Mother,*	Anni Rupp
6. *Mother's Maiden Name,*	" " Wiedeburg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Rupp
9. *Father's Occupation,*	Klerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Lambert Street No 278
Address,	
Remarks,	Mrs Maurer

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58121

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth Sep. 16th
4. Place of Birth (Street and Number) 12 Lerose Alley
5. Full Name of Mother Jane Plummer
6. Mother's Maiden Name " "
7. Mother's Birthplace City
8. Full Name of Father Charley Plummer
9. Father's Occupation Sailor
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. G. S. Baltaile

Address Student, University Hospital

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchenr, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1882
Sept 26

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 16 1882
4. *Place of Birth, (Street and Number)* Bel air av
5. *Full Name of Mother,* Clara Burke
6. *Mother's Maiden Name,* Clara Trumbo
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Burke
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Magdeffer

Address, Mrs Bruns

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18123

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Sep 23 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 16 1882
4. *Place of Birth (Street and Number)* 332 South Bond st
5. *Full Name of Mother* Mary E L ~~th~~ Lawson
6. *Mother's Maiden Name* Mary E L Lusty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nilse Alfred Lawson
9. *Father's Occupation* Boarding house Keeper
10. *Father's Birthplace* Sweden

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address Name of Child } Lawson

Remarks Margaret Ann Lawson

RETURN OF A BIRTH 58124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
19
1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	Second
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	September 16th 1882
4. *Place of Birth,* (*Street and Number*)	385 Uticanna St.
5. *Full Name of Mother,*	Elizabeth Hessenauer
6. *Mother's Maiden Name,*	Elizabeth Ebbighauer
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father.*	Lenhardt Hessenauer
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs. Rachel A. Garrett
Address,	No. 66 Burke St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

23 # RETURN OF A BIRTH 18125

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 8th

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 16th 1882
4. Place of Birth, (Street and Number) 29 S. Charles St
5. Full Name of Mother Cate, D. Martin
6. Mother's Maiden Name, " " Poulson
7. Mother's Birthplace, Virginia
8. Full Name of Father, George W. Martin
9. Father's Occupation, Mariner
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, No 238 N Broadway

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of September
4. *Place of Birth, (Street and Number)* No 266 Batty Av
5. *Full Name of Mother,* Mary Huck
6. *Mother's Maiden Name,* Mary Roden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mark Huck
9. *Father's Occupation,* Labor
10. *Father's Birthplace.* Ireland

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO. CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58127

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* ~~Male~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th September 1882
4. *Place of Birth, (Street and Number)* 22 Port No 6
5. *Full Name of Mother,* Amelia Earhart
6. *Mother's Maiden Name,* Burket
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Talora
9. *Father's Occupation,* Fredrick August Earhart
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Abe Wiley

Address, No 12 Patterson Park

Remarks, " " "

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Sept. 16, 1882
4. *Place of Birth, (Street and Number)* No. 14 Jenkins Al.
5. *Full Name of Mother,* Henrietta Turner
6. *Mother's Maiden Name,* Spraie
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* George E. Turner
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return O. Edw. Janney M.D.

Address, 242 W. Eutaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
(state whether male or female)	Female
e or Color, (if not of the white race)	White
e of Birth,	Sept. 16th
e of Birth, (Street and Number)	405 N Gilmor
Name of Mother,	May Hammersley
her's Maiden Name,	" " Green
her's Birthplace,	Baltimore
Name of Father,	Wm Hammersley
er's Occupation,	Rookkeeper
er's Birthplace,	Baltimore
e of Medical Attendant, or other Person who makes this Return	G W Norris M D
ress.	S W Cor Preston & Stricker
arks,	

HEALTH DEPARTMENT SEP 1 1882 BALTIMORE

TERS AND STATIONERS

RETURN OF A BIRTH.

8130

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
19
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	September 16th 1882
4. *Place of Birth (Street and Number)*	184 Harlem Ave
5. *Full Name of Mother*	Maggie B. Tudor
6. *Mother's Maiden Name*	Maggie B. Getty
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	J. O. Tudor
9. *Father's Occupation*	Banking
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Ehler M. D.
Address	234 W. Fayette St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 16th
4. Place of Birth (Street and Number) 361 Franklin St.
5. Full Name of Mother Mrs Arthur W. Hawks.
6. Mother's Maiden Name Jessie Leech
7. Mother's Birthplace Va.
8. Full Name of Father Arthur W. Hawks
9. Father's Occupation Dabsman
10. Father's Birthplace Va.

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address

Remarks

RETURN OF A BIRTH 58132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of September
4. *Place of Birth, (Street and Number)* 26 d Chase St.
5. *Full Name of Mother,* Marianne Gruellemeyer
6. *Mother's Maiden Name,* Marianne Paarfuss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Moritz Gruellemeyer
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18133

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

HEALTH DEPT. SEP 18 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male - CHARLES LEONARD HOFMANN
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th September
4. *Place of Birth, (Street and Number)* No 21 Spring St.
5. *Full Name of Mother,* A. M. (Hofmann) HOFMANN
6. *Mother's Maiden Name,* " " Lotz.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Dr Bernhard (Hofmann) HOFMANN
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany Sophia Simon

Name of Medical Attendant, or other Person who makes this Return

Address, No 70 Granby St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58134

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 16 1882
4. *Place of Birth, (Street and Number)* Marshall Ave Near Randall
5. *Full Name of Mother,* Mary Medstaf
6. *Mother's Maiden Name,* Mary Conaway
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* James Medstaf
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return E. Hunton

Address, No 23 Patapsco street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58/38

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the forth one

1. *Sex, (state whether male or female)* A male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September th 16
4. *Place of Birth, (Street and Number)* number 90 pearl st.
5. *Full Name of Mother,* martha E Stweard
6. *Mother's Maiden Name,* martha E Smith
7. *Mother's Birthplace,* Baltiomore, M D
8. *Full Name of Father,* William Stweard
9. *Father's Occupation,* Calern man
10. *Father's Birthplace,* Baltiomore, M D

Name of Medical Attendant, or other Person who makes this Return Misses Dumler

Address, No 60 Schroeder St.

Remarks,

HEALTH DEPARTMENT BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 16th September
4. *Place of Birth, (Street and Number)* 1 Wood Alley
5. *Full Name of Mother,* Annie Lillian
6. *Mother's Maiden Name,* Gill
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Lillian
9. *Father's Occupation,* Working Man
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lumbert, street

Remarks,

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

58137

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 16 of September 1882
4. *Place of Birth (Street and Number)* 248 Robory
5. *Full Name of Mother* Sinderkeler Cosheims
6. *Mother's Maiden Name* Sinderkeler Robberts
7. *Mother's Birthplace* City of Baltimore md
8. *Full Name of Father* Joseph P. Cosheims
9. *Father's Occupation* porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chartrette

Address 258 Robory St

Remarks none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 not

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 16th 1882.
4. *Place of Birth, (Street and Number)* # 934 W. Baltimore St near Pearmt.
5. *Full Name of Mother,* Mary Amilia Baer.
6. *Mother's Maiden Name,* Mary Amilia Gundersdorff.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Baer.
9. *Father's Occupation,* Harness Maker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs J Dunkley

Address, 60 Schroeder St.

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8159

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex*, (*state whether male or female*)	Boy
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Saturday Sept 16th. 1882.
4. *Place of Birth*, (*Street and Number*)	101 E. Eager St.
5. *Full Name of Mother*,	Mary West.
6. *Mother's Maiden Name*,	Mary Dudley
7. *Mother's Birthplace*,	Balto.
8. *Full Name of Father*,	Henry West.
9. *Father's Occupation*,	Bridge Builder,
10. *Father's Birthplace*,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25 ½ Greenmount ave,
Remarks, Fully Presentation.	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color is white
3. *Date of Birth,* 17th day of september
4. *Place of Birth, (Street and Number)* 494 Cross strat
5. *Full Name of Mother,* Miss Anna Griffe
6. *Mother's Maiden Name,* Miss Anna Curran
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Grith
9. *Father's Occupation,* Morocco Dresser
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return .....

Address, Dr. Mrs Emilie Bange

Remarks, ...

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 17 1882
4. *Place of Birth, (Street and Number)* 315 N. Carey St
5. *Full Name of Mother,* Frances C. Hewes
6. *Mother's Maiden Name,* Frances C. Cushing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno Hewes
9. *Father's Occupation,* Clark
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return G. K. Mittenberger

Address, 121 W. Chesapeake

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September the 1st 1897
4. *Place of Birth, (Street and Number)*	No Henry st No 271
5. *Full Name of Mother,*	Alice V. Comahundra
6. *Mother's Maiden Name,*	Alice V. Emery
7. *Mother's Birthplace,*	Sandy Hook Md
8. *Full Name of Father,*	J. T. Comahundra
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Charlestown Va
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address,	192 East st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 17th. 1882.
4. *Place of Birth, (Street and Number)*	No. 376 West St. City
5. *Full Name of Mother*	Annie Stulz.
6. *Mother's Maiden Name,*	Annie Wagner.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fredrick. Stulz
9. *Father's Occupation,*	Shiher at B. & O Elevater
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. A. Butt.
Address,	No. 185. S.E. cor. Centre av. & Monument. St.
Remarks,	All Well.

© DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 12 3
1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	September 17th 1882
4. *Place of Birth,* (*Street and Number*)	16 Albemarle
5. *Full Name of Mother.*	Elizabeth Busher
6. *Mother's Maiden Name,*	Suter
7. *Mother's Birthplace,*	America
8. *Full Name of Father.*	John Busher
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address.	236 Baltimore Av
Remarks,	

J. D. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Männlich
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 Settemb.
4. *Place of Birth, (Street and Number)* 258 Gross St.
5. *Full Name of Mother,* Clara Hardt.
6. *Mother's Maiden Name,* Schoch.
7. *Mother's Birthplace,* Deudschland.
8. *Full Name of Father,* Wilhelm Heinrich Hardt
9. *Father's Occupation,* Cammet Mäkers
10. *Father's Birthplace,* Deudschland.

Name of Medical Attendant, or other Person who makes this Return Rath Munch

Address, 1 Leadenhall St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58146

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 17 September 1882
4. Place of Birth (Street and Number) 20 Holland St
5. Full Name of Mother Clara Crawford
6. Mother's Maiden Name Marshall
7. Mother's Birthplace Baltimore
8. Full Name of Father George C Crawford
9. Father's Occupation Bacon Seller
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M H Diffenderffer MD

Address High St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or ~~Color~~, (if not of the white race)* ↔
3. *Date of Birth,* 17 September
4. *Place of Birth, (Street and Number)* 27 E. Bond street
5. *Full Name of Mother,* Annie Brooks
6. *Mother's Maiden Name,* Lenter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Brooks
9. *Father's Occupation,* Fruit Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Sarah Casper

Address, 22 E. Lumbard street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 8148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 17th 1882
4. Place of Birth (Street and Number)	257 Park av
5. Full Name of Mother	Elizabeth Jones
6. Mother's Maiden Name	Brown
7. Mother's Birthplace	Frederick Md
8. Full Name of Father	Robert Jones
9. Father's Occupation	Waiter
10. Father's Birthplace	St. Marys Co Md
Name of Medical Attendant, or other Person who makes this Return.	L. E. Lindsay
Address	167 Park Av
Remarks	

HEALTH DEPT. BALTIMORE SEP 25 1882

RETURN OF A BIRTH 58149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Weiß
3. *Date of Birth,*	17 September
4. *Place of Birth, (Street and Number)*	Bank Street No 168
5. *Full Name of Mother,*	Wilhelmina Seibel
6. *Mother's Maiden Name,*	" " Bitter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Heinrich Seibel
9. *Father's Occupation,*	Cigarmager
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombart Street No 278
Remarks,	Mrd Maurer

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Balto. Sept 17th 1882
4. *Place of Birth,* (*Street and Number*) Washington st No 90
5. *Full Name of Mother,* Mary Kassner
6. *Mother's Maiden Name,* M. Nickel
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jno Kassner
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptiska

Address, 69 N Washington st

Remarks,

Mary Koptiska

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RETURN OF A BIRTH 58151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 7 Sept 1882
4. *Place of Birth, (Street and Number)* Balto Durham St No 248
5. *Full Name of Mother,* Mary Bolard
6. *Mother's Maiden Name,* M. Tesars
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Geo Bolard
9. *Father's Occupation,* Ropemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N Washington St

Remarks,

Mary Koptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1852 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 17th 1852
4. *Place of Birth, (Street and Number)*	Luzerne St near Alicanna
5. *Full Name of Mother,*	Laura Fleischman
6. *Mother's Maiden Name,*	Laura Bradford
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Fleischman
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 65 Burke St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

18113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 17th 1882
4. *Place of Birth (Street and Number)*	121 N. Bond St
5. *Full Name of Mother*	Anna A. Verlager
6. *Mother's Maiden Name*	Anna A. Dietz
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Louis A Verlager
9. *Father's Occupation*	Varnisher
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Geo Dobmeier M.D.
Address	86 E Fayette St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 58154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th September
4. *Place of Birth, (Street and Number)* No 215 Whilliam St
5. *Full Name of Mother,* Cate Whittle
6. *Mother's Maiden Name,* Cate Bartton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Whittle
9. *Father's Occupation,* Laborbor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Babin Dichlae

Address, Wolf Mist St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 17 — 1892
4. *Place of Birth, (Street and Number)*	Barnes Str No 1.
5. *Full Name of Mother,*	Marie Nosek
6. *Mother's Maiden Name,*	Kaspar
7. *Mother's Birthplace,*	Nadejkov Boheimia
8. *Full Name of Father,*	Peter Nosek
9. *Father's Occupation,*	Wheelwright
10. *Father's Birthplace,*	Wolsan Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes Str Balto.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

SEP 18 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 4th

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 17th 1882
4. *Place of Birth, (Street and Number)* Randall St near Charles St
5. *Full Name of Mother,* Mollie Firoven
6. *Mother's Maiden Name,* Mollie Shuster
7. *Mother's Birthplace,* Frederic City md
8. *Full Name of Father,* Wm Firoven
9. *Father's Occupation,* Passenger Con B & O. R.R.
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return E. Flanton

Address, No 23 Patapsco st

Remarks, Twins doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* september 17 1882
4. *Place of Birth, (Street and Number)* 103 hill street
5. *Full Name of Mother,* georgina chace
6. *Mother's Maiden Name,* georgina achins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* robert chace
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary ann dorsey

Address, 33 perry street

Remarks, five dollars

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sep 29

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (12th) Twelfth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 17, 1882
4. *Place of Birth, (Street and Number)* 72 East Eager Street
5. *Full Name of Mother,* Sophia Anna Keller
6. *Mother's Maiden Name,* Sophia Anna Bowman
7. *Mother's Birthplace,* York County Pennsylvania
8. *Full Name of Father,* Gassmel Winter Keller
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* York County Pennsylvania

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 231 N. Fremont St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 17: 1882.
4. *Place of Birth, (Street and Number)*	122 Henrietta St.
5. *Full Name of Mother,*	Anna Klebe
6. *Mother's Maiden Name,*	" Eckhardt
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	John Klebe.
9. *Father's Occupation,*	Dairyman
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other Person who makes this Return	R. J. H. Tall. M.D.
Address,	152 Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 8160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* September 17th; 3:45 P.M.
4. *Place of Birth,* (Street and Number) N.W. Cor. S. Poca & Fremont st.
5. *Full Name of Mother,* Louisa Frizzell,
6. *Mother's Maiden Name,* Norris,
7. *Mother's Birthplace,* York Co., Pennsylvania
8. *Full Name of Father,* George Frizzell
9. *Father's Occupation,* Salesman,
10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other Person who makes this Return, David V. McAndrew

Address, N.E. Cor. Columbia Ave & Fremont st.

Remarks, Child in good physical condition & living

OCT 1882 BALTIMORE

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 17. 82.
4. *Place of Birth, (Street and Number)* Olianstr No 204
5. *Full Name of Mother,* Agartha Heider
6. *Mother's Maiden Name,* Waschee
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Wilhelm Heider
9. *Father's Occupation,* Warnischer
10. *Father's Birthplace,* Oestreich

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Rombach

Address, S. Wolfstr 14

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8162

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 Sept. 1852
4. *Place of Birth, (Street and Number)* 138 S. Durham St.
5. *Full Name of Mother,* Anna Mary Remlein
6. *Mother's Maiden Name,* Salzig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Remlein
9. *Father's Occupation,* Processor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 5816 E

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 18th. 1882
4. *Place of Birth, (Street and Number)*	No. 179. N. Caroline St.
5. *Full Name of Mother,*	Caroline Knoechle
6. *Mother's Maiden Name,*	Caroline Müller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Knoechle
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No. 185. S.E. cor. Central av. & Monument St.
Remarks,	All Well

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RETURN OF A BIRTH 18164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	September 18 1882
4. *Place of Birth*, (*Street and Number*)	56 S. Bethel Str
5. *Full Name of Mother*,	Mary Goebel
6. *Mother's Maiden Name*,	Miller
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John Goebel
9. *Father's Occupation*,	Barber
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1d

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* Sep The 1891 1892
4. *Place of Birth,* (*Street and Number*) Baltimore Eutaw court No 22
5. *Full Name of Mother,* Susan mcguire
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Co and
8. *Full Name of Father,* George mcguire
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 18 1882
4. *Place of Birth, (Street and Number)*	# 172 S Durham
5. *Full Name of Mother,*	Annie Meier
6. *Mother's Maiden Name,*	Scheibenreif
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Meier
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Koop
Address,	236 Canton Ave
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th of September
4. *Place of Birth, (Street and Number)* 24 Lee St
5. *Full Name of Mother,* Catharina Barbara Will
6. *Mother's Maiden Name,* " " Hammerbacher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Will
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Harrisburg Pa

Name of Medical Attendant, or other Person who makes this Return Mrs Münch

Address, No 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28/82
4. *Place of Birth, (Street and Number)* 19 S. Chester
5. *Full Name of Mother,* Sarah V. Shaw
6. *Mother's Maiden Name,* " " Crisp
7. *Mother's Birthplace,* Bcltd
8. *Full Name of Father,* Daniel E. Shaw
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Bcltd

Name of Medical Attendant, or other Person who makes this Return J. L. Wilson

Address, 77 S. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1892 BALTIMORE

That any Physician, accoucheur, midwife, or other person present at the birth, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 of September
4. *Place of Birth, (Street and Number)* 24 Gist St.
5. *Full Name of Mother,* ~~White~~ Wilhelmine Dittmar
6. *Mother's Maiden Name,* = Dabert
7. *Mother's Birthplace,*
8. *Full Name of Father,* Philipp Dittmar
9. *Father's Occupation,* Steveidor
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. E. Behnken

Address, 54 Essex St. Canton.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of September
4. *Place of Birth, (Street and Number)* 401 of Little Alice Ann St.
5. *Full Name of Mother,* Margaretha Linz
6. *Mother's Maiden Name,* = Heilemeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Linz
9. *Father's Occupation,* Kannmacher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. Behnken.

Address, 54 Essex St. Canton

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 13 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 18 1882
4. *Place of Birth, (Street and Number)* 31 Garden St
5. *Full Name of Mother,* Margaret McKew
6. *Mother's Maiden Name,* " Easter
7. *Mother's Birthplace,* md
8. *Full Name of Father,* William McKew
9. *Father's Occupation,* Fruit packer
10. *Father's Birthplace,* md.

Name of Medical Attendant, or other Person who makes this Return G Lane Dameyhell

Address, 129 N Biddle St

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 25 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored race
3. Date of Birth	18 of September
4. Place of Birth (Street and Number)	South Mount Street
5. Full Name of Mother	Cecilia [redacted] Gard-
6. Mother's Maiden Name	Cecilia Maynard
7. Mother's Birthplace	Price Georges County
8. Full Name of Father	Thomas Gardner
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address	212 Dover St.
Remarks	Mother and child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Per Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH, 58173

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Sept. 18th 1882
4. *Place of Birth, (Street and Number)* 29 Holland St
5. *Full Name of Mother* Virginia Fitzel
6. *Mother's Maiden Name* Virginia Eaton
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Charles A. Fitzel
9. *Father's Occupation* Brassmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward F. McKenty

Address 54 Aisquith St

Remarks

RETURN OF A BIRTH

S 81/4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 25

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) second,

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 18 — 1882.
4. *Place of Birth, (Street and Number)* 193 Columbia Sts.
5. *Full Name of Mother,* Maria Bruhn
6. *Mother's Maiden Name,* Maria Strey
7. *Mother's Birthplace,* Pommern Germany.
8. *Full Name of Father,* Albert Bruhn
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Pommern in Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Sto.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	Sept. 18th 82
4. *Place of Birth,* (Street and Number)	346 W. Fayette St.
5. *Full Name of Mother,*	Emma Zumstine
6. *Mother's Maiden Name,*	Emma Stoxdale
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Chas. Zumstine
9. *Father's Occupation,*	Cabinet-maker
10. *Father's Birthplace,*	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	T. Chas. Worthington Jr. Md.
Address,	373 W. Fayette St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

5816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex.* (state whether male or female)	male
2. *Race or Color.* (if not of the white race)	white
3. *Date of Birth,*	Sept. 18 1882
4. *Place of Birth,* (Street and Number)	401 Alice Anne St.
5. *Full Name of Mother,*	Marg. Lyons
6. *Mother's Maiden Name,*	" Hidalmyer
7. *Mother's Birthplace,*	Bald.
8. *Full Name of Father,*	John Lyons
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Bald.
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D
Address,	
Remarks,	

Sept 25

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Wht
3. *Date of Birth,*	18 September
4. *Place of Birth, (Street and Number)*	Doglas Street N 102
5. *Full Name of Mother,*	Mari Papp
6. *Mother's Maiden Name,*	" Klein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Freidrik Papp
9. *Father's Occupation,*	Butsher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombard Street N 216
Remarks,	Mrs Maurer

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 19 1882
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ~~Colo~~
3. *Date of Birth* 9nd 18th da 1882
4. *Place of Birth (Street and Number)* No 195 E. Monument St
5. *Full Name of Mother* Amelia Jane Grunewald
6. *Mother's Maiden Name* Amelia Jane Davis
7. *Mother's Birthplace* Md
8. *Full Name of Father* Frederick Grunewald
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Md

Name of Medical Attendant or other Person who makes this Return. Irving Miller MD

Address No 197 E Monument St

Remarks

RETURN OF A BIRTH 18179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 6

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, 18 September
4. *Place of Birth*, (*Street and Number*) 240 E. Bond st
5. *Full Name of Mother*, Katie Kettering
6. *Mother's Maiden Name*, " Lautenschlager
7. *Mother's Birthplace*, Balt. Md.
8. *Full Name of Father*, Christian F. Kettering
9. *Father's Occupation*, Machine agent
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs R. A. Ulbig

Address, 48 Holland st

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 12, 1882
4. *Place of Birth, (Street and Number)* S. Central Av. No. 29.
5. *Full Name of Mother,* Filine Peterich
6. *Mother's Maiden Name,* Filine Gla Pfritzner
7. *Mother's Birthplace,* Glatz, K. Preussen, Germany
8. *Full Name of Father,* Wilhelm Peterich
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Glatz, K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18181

To. the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth;* September 18th 1892
4. *Place of Birth, (Street and Number)* N. Gilmor St. No 57
5. *Full Name of Mother,* Lina Schmidt
6. *Mother's Maiden Name,* Lina Fast
7. *Mother's Birthplace,* New York, U. S.
8. *Full Name of Father,* Geory Schmidt
9. *Father's Occupation,* baker maker
10. *Father's Birthplace,* Berlin City

Name of Medical Attendant, or other Person who makes this Return Mary E. Keller

Address, N. Gilmor St. No 24

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

over 58182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female, BENARDINA CATHERINE
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18th September
4. *Place of Birth, (Street and Number)* 2 Gough St
5. *Full Name of Mother,* Sallie Clements
6. *Mother's Maiden Name,* " Peppersack
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John G. (~~Clements~~) CLEMENS
9. *Father's Occupation,* Stock Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return J. H. Groff

Address, 137 Orleans St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* born on the 18th of September 1892
4. *Place of Birth,* (*Street and Number*) 44 Frederick Ave.
5. *Full Name of Mother,* Mary Crowley
6. *Mother's Maiden Name,* Mary Mahoney
7. *Mother's Birthplace,* born in Ireland
8. *Full Name of Father,* Charles Crowley
9. *Father's Occupation,* Mar Keeper
10. *Father's Birthplace,* born in Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Hill

Address, 1017 W. Pratt St.

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 58184

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 18th 1882
4. *Place of Birth, (Street and Number)* 122 N Broadway
5. *Full Name of Mother* Mary Church
6. *Mother's Maiden Name* " Merrill
7. *Mother's Birthplace* Maine
8. *Full Name of Father* Sanford Clifford Church
9. *Father's Occupation* Ice Dealer
10. *Father's Birthplace* Maine

Name of Medical Attendant, or other Person who makes this Return. D W Cathell Md

Address 2 N Broadway

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 88188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 23 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of September 1892
4. *Place of Birth, (Street and Number)* 31 Cook St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary E Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Edward Bunday
9. *Father's Occupation,* Book keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wing

Address, 10 12 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5186

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 23 1892
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 18th '92
4. Place of Birth (Street and Number)	198 S. Fremont St.
5. Full Name of Mother	Katie Henry
6. Mother's Maiden Name	Katie Atkinson
7. Mother's Birthplace	Md.
8. Full Name of Father	Wm F. Henry
9. Father's Occupation	Engineer
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Tyler Smith M.D.
Address	#221 Barre St.
Remarks	Natural Labor

RETURN OF A BIRTH

58187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1932 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 18th 1882
4. *Place of Birth, (Street and Number)* Lombard St.
5. *Full Name of Mother,* Hannah Barnstine
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Barnstine
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Fairmount St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 18th 1882
4. *Place of Birth, (Street and Number)* No. 5 Mc. Elderry st.
5. *Full Name of Mother,* Mary Weinberg
6. *Mother's Maiden Name,* " Greenberg
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jacob Weinberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Benedict

Address, 183 E. Lombard st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 18th
4. *Place of Birth, (Street and Number)* No 117 Exeter
5. *Full Name of Mother,* Lizzabeth ~~Sch~~ Schuesler
6. *Mother's Maiden Name,* Deckabach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. C. Schuesler
9. *Father's Occupation,* Larbor work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address,

Remarks,

Pursuant to the Act of 1882, "Any physician, vexatorium, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 8190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th Sept. 1882
4. *Place of Birth, (Street and Number)*	14 N. Fang St.
5. *Full Name of Mother,*	Ida Mary Lusby
6. *Mother's Maiden Name,*	Morgan
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	James D. Lusby
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Brune M.D.
Address,	375 E. Balto St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 18th 1882
4. *Place of Birth, (Street and Number)* No. 217 Eastern Ave
5. *Full Name of Mother,* Julia Kunkel
6. *Mother's Maiden Name,* " Bucher
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Kunkel
9. *Father's Occupation,* Segar Manuf.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6, 1882
4. *Place of Birth, (Street and Number)* 3 E. Pennsylvania ave
5. *Full Name of Mother,* Bettie Diddel
6. *Mother's Maiden Name,* Bettie Cary
7. *Mother's Birthplace,* France
8. *Full Name of Father,* Francis Cary
9. *Father's Occupation,* Cider & Vinegar Manufacturer
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return Chas A. Wiesenfeld

Address, 345 Penna

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 4 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Monday Sept. 18 th. 18
4. Place of Birth, (Street and Number)	113 E. Eager St,
5. Full Name of Mother,	Annie Dolan
6. Mother's Maiden Name,	Annie Gumip
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Jos. Dolan.
9. Father's Occupation,	Hack Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	26 ½ Greenmount Ave
Remarks,	Footy Presentation and instrumental delivery.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1888 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	11
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	September 19 1888
4. *Place of Birth*, (*Street and Number*)	#27 Thames
5. *Full Name of Mother*,	Mary Sullivan
6. *Mother's Maiden Name*,	Voken
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Mary Sullivan
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafft
Address,	236 Eastern Ave.
Remarks,	

Every physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 18191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 5 1892 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 19th 1892

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Dr C. A. Cook

Address 513 Light St

Remarks Illegitimate

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 58196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* Weiblich
2. *Race or Color, (if not of the white race)* weiß.
3. *Date of Birth,* 19. September.
4. *Place of Birth, (Street and Number)* 94 Steerttstritt.
5. *Full Name of Mother,* Elisabetha Kratz.
6. *Mother's Maiden Name,* Elisabetha Kammer.
7. *Mother's Birthplace,* Deutschland.
8. *Full Name of Father,* Johann Kratz. John Kratz
9. *Father's Occupation,* Kamthter.
10. *Father's Birthplace,* Deutschland.

Name of Medical Attendant, or other Person who makes this Return Rath Münch

Address, 1 Leadenhall st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

Third Child
Sex- Female
Race or Color- White
Date of Birth-Sept. 19,1882
Place of Birth-94 Sterrett St.
Mother's Maiden Name-Elizabedha Kammer
Mother's Birthplace-Germany
Full Name of Father-John Kratz
Father's Birthplace-Germany

RETURN OF A BIRTH.

8197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Sept. 19. 1882.

4. *Place of Birth (Street and Number)* 175 N. Gilmor St.

5. *Full Name of Mother* Ida J. Boone

6. *Mother's Maiden Name* Barnes

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Charles Boone

9. *Father's Occupation* Tin-ware Manufactur

10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. John J. King M.D.

Address 215 Carrollton ave

Remarks

RETURN OF A BIRTH.

58198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Twenty fifth Sept
4. *Place of Birth (Street and Number)* 192 Sterling St
5. *Full Name of Mother* Anna Tripp
6. *Mother's Maiden Name* " Green
7. *Mother's Birthplace* Belair Harford Co
8. *Full Name of Father* Chas Tripp
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Johnson

Address 94 Tyson St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	Sept the 19. 1882.
4. *Place of Birth, (Street and Number)*	Dewberry Al. No 1.
5. *Full Name of Mother,*	Mary Arold.
6 *Mother's Maiden Name,*	Mary reese.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Gorge Arold.
9. *Father's Occupation,*	Confectionary.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Not her first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 19th " 1882
4. Place of Birth (Street and Number)	Baltimore Biddle st 152
5. Full Name of Mother	Mary Elizabeth " ~~Kelly~~ Blake
6. Mother's Maiden Name	Mary Elizabeth Selby
7. Mother's Birthplace	Somerset County Maryland
8. Full Name of Father	Alexander " Blake
9. Father's Occupation	A Soldier of the child
10. Father's Birthplace	Not Known to the Mother
Name of Medical Attendant, or other Person who makes this Return.	Mrs " Lucy " Cornish
Address	No 15 Jordan alley Baltimore
Remarks	None

RETURN OF A BIRTH

58201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 26

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 19 1882
4. *Place of Birth, (Street and Number)*	106 N. Eden St
5. *Full Name of Mother,*	Sarah C Petty
6. *Mother's Maiden Name,*	Collison
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Thos. C Petty
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	286 McDonough st
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1902 CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male Charles W Schlitzberger
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 Sep.
4. Place of Birth, (Street and Number) 150 Aisquith street
5. Full Name of Mother, Maggie Schlitzberger
6. Mother's Maiden Name, Spanenberger
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Karl Schlitzberger
9. Father's Occupation, candy maker
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulrich

Address, 48 Holland

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 19th 1882
4. Place of Birth (Street and Number) 555 Harford Ave
5. Full Name of Mother Minnie Lee Hogg
6. Mother's Maiden Name Minnie Lee Green
7. Mother's Birthplace Richmond Va
8. Full Name of Father Frank D. Hogg
9. Father's Occupation Merchant
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Trimer MD

Address 41 N. Carey St

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 18204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 20 1882
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 September 1882
4. *Place of Birth, (Street and Number)*	161 West Lombard St
5. *Full Name of Mother,*	Carrie Brent
6. *Mother's Maiden Name,*	Hunter
7. *Mother's Birthplace,*	St marys Co Maryland
8. *Full Name of Father,*	William Brent
9. *Father's Occupation,*	Commission Merchant
10. *Father's Birthplace,*	St marys Co maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Hurley
Address,	94 N Eden St
Remarks,	Position of Child R O posterior

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 19 September
4. *Place of Birth, (Street and Number)* 89 N. Eden street
5. *Full Name of Mother,* Bertha Winder
6. *Mother's Maiden Name,* Ritter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Winder
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Sarah Casper

Address, 72 E. Lumbard street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18206

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 17
4. *Place of Birth, (Street and Number)*	No 64 Granby
5. *Full Name of Mother,*	Lizzie Herndon
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Martin Dietrich
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sophia Simon
Address,	
Remarks,	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 19
4. *Place of Birth (Street and Number)* Bibel Alley 60
5. *Full Name of Mother* Emma Bell Easter
6. *Mother's Maiden Name* Emma Bell Robertson
7. *Mother's Birthplace* Culpeper County Va
8. *Full Name of Father* ~~James A. Lee~~ James Alfred Easter
9. *Father's Occupation* Driver
10. *Father's Birthplace* Lancaster C House Lancaster Co Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mrs Sarah Johnson 9d Tyson St

HEALTH DEPARTMENT SEP 25 1902 BALTIMORE

RETURN OF A BIRTH.

18208

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
(state whether Male or Female)	Mail
ce or Color (if not of the white race)	color
te of Birth	September 19
ce of Birth (Street and Number)	56 Walker Street
l Name of Mother	Delsie A Griffin
ther's Maiden Name	George A Griffin
ther's Birthplace	Mississipia
l Name of Father	William J Griffin
ther's Occupation	Waiter
ther's Birthplace	cambridge Maryland
me of Medical Attendant, or other Person who makes this Return.	Mrs Riley
dress	44 Walker Street
marks	

RETURN OF A BIRTH

58209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Dec 25

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd child
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	white
3. *Date of Birth*,	Sept. 19/82
4. *Place of Birth*, (*Street and Number*)	56 Eutaw st.
5. *Full Name of Mother*,	Laura Bachtler
6. *Mother's Maiden Name*,	" Leonard
7. *Mother's Birthplace*,	Balt.
8. *Full Name of Father*,	Lewis Bachtler
9. *Father's Occupation*,	machinist
10. *Father's Birthplace*,	Balt.
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D
Address,	117 S. Broadway
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18210

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 19. 1882
4. *Place of Birth, (Street and Number)*	242 N. Gay Street
5. *Full Name of Mother,*	Josephine Trump
6. *Mother's Maiden Name,*	Josephine Waite
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	W. R. Trump
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	C. H. Thomas, M.D.
Address.	66 E. Baltimore St
Remarks.	Premature birth only lived 2 hours.

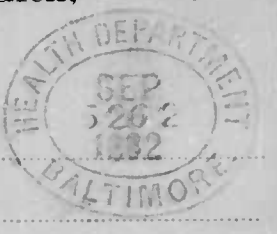
SEP 21 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH ~~11211~~ 11211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 2nd

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept. 19th 1892
4. *Place of Birth,* (*Street and Number*) No. 2816 Fayette St
5. *Full Name of Mother* Mrs Barbara Getzke
6. *Mother's Maiden Name,* Huber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Getzke
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 605 S. Bond St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1882 BALTIMORE

Louis John Vogtmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 19th 1882
4. Place of Birth, (Street and Number) No 9 Shakesphere st
5. Full Name of Mother Mrs Mary Vogtmann
6. Mother's Maiden Name, " " Steiner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Vogtmann
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Gelzthre

Address, No 55 S. Bond st

Remarks, GIVEN NAME ADDED. 8-12-53 L.M.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 26

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 19 1882
4. *Place of Birth, (Street and Number)* 138 Greenmount Ave
5. *Full Name of Mother,* Laura I Thomas
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry L Thomas
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonagh St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
19
1892
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or ~~female~~),*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 5th. 19. 1892.
4. *Place of Birth, (Street and Number)* E. Hammond St. No 127
5. *Full Name of Mother,* Katharine Wittich
6. *Mother's Maiden Name,* Katharine Engel.
7. *Mother's Birthplace,* Cassel, R Prussia, Germany
8. *Full Name of Father,* Friedrich Wittich
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, S. Dallas St. No 26

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5821A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. SEP 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 19, 1882.
4. *Place of Birth, (Street and Number)* E. Baltimore St. No. 293
5. *Full Name of Mother,* Henriette Mendel
6. *Mother's Maiden Name,* Henriette Harlem
7. *Mother's Birthplace,* Carnick N. Preussen, Germany
8. *Full Name of Father,* Isidor Mendel
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Cottbus N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No. 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Sept. 19th, 1882
4. *Place of Birth, (Street and Number)* 132 S. Bond
5. *Full Name of Mother,* Annie B. Tuchorman
6. *Mother's Maiden Name,* " " Reife
7. *Mother's Birthplace,* Beth Mill
8. *Full Name of Father,* Geo. H. Tuchorman
9. *Father's Occupation,* Furniture manufacturer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return G. L. Winkler

Address. 77 S. Beverly

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1902 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	No 111 Orca St September 19
4. *Place of Birth, (Street and Number)*	No 111 Orca St
5. *Full Name of Mother,*	Dolly Frisby
6. *Mother's Maiden Name,*	Dolly Taylor
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	Jacob Frisby
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Goulderwood
Address,	81 Moore alley.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

S 8218

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 19
1882.
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether ~~male or~~ female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10h 30m A.M. 19 September, 1882.
4. *Place of Birth (Street and Number)* 219 N. Gay St. Baltimore, Maryland
5. *Full Name of Mother* Jane Marshall
6. *Mother's Maiden Name* Jane Quail
7. *Mother's Birthplace* County Down, Ireland.
8. *Full Name of Father* John Marshall
9. *Father's Occupation* Tea, Coffee & Spice Merchant
10. *Father's Birthplace* County Armagh, Ireland.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Smith M.D.

Address 236 N. Howard St

Remarks

RETURN OF A BIRTH

18219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Twins 9 – 10 th Child
1. *Sex,* (state whether male or female)	Male and Female
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth,*	Sept 19 th 1882
4. *Place of Birth,* (Street and Number)	214 Burgundy alley
5. *Full Name of Mother,*	Sophie Hesbop
6. *Mother's Maiden Name,*	Fanz
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Tamas Hesbop
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lonogasser midwife
Address,	330 Hanover st.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 19th of September 1882.
4. *Place of Birth, (Street and Number)* 47 South Materrean. Alley.
5. *Full Name of Mother,* Agnes Meiyer.
6. *Mother's Maiden Name,* Agnes Schröen.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George G. Schröen.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chappel street per Justina Kunkel.

Remarks, Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8824

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Sept 19th 1882.
4. *Place of Birth, (Street and Number)*	Corner Linden Ave & Lanvale St.
5. *Full Name of Mother,*	Rachel Slagle.
6. *Mother's Maiden Name,*	Rachel Matthews.
7. *Mother's Birthplace,*	Baltimore County.
8. *Full Name of Father,*	Chas W. Slagle.
9. *Father's Occupation,*	Commission Merchant.
10. *Father's Birthplace,*	Hanover Pa.
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell M.D.
Address,	227 Cathedral St.
Remarks,	Child Healthy

HEALTH DEPT SEP 1882 CITY

JOHN B. PIET, PRINTER & STATIONER, BALT.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

S8222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 19 1882
4. *Place of Birth, (Street and Number)* No. 159 Johnson St. Balt. Md.
5. *Full Name of Mother,* Liza Stevens.
6. *Mother's Maiden Name,* Liza Joyce
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Stevens
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Tack

Address, 107 Johnson St. Baltimore Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. d.

1. *Sex, (state whether male or female)* Mädchen.
2. *Race or Color, (if not of the white race)* weiß
3. *Date of Birth,* d. 19. Septr. 1882.
4. *Place of Birth, (Street and Number)* Canton Elliott St. 124.
5. *Full Name of Mother,* Margarethe Kissner
6. *Mother's Maiden Name,* Klemm.
7. *Mother's Birthplace,* Canton.
8. *Full Name of Father,* Georg Kissner.
9. *Father's Occupation,* Tischler.
10. *Father's Birthplace,* Canton.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address, C. Donnell St. 26.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall have been in charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58224

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	19 Sept. 1892.
4. *Place of Birth, (Street and Number)*	Canton O'Donnell St. 24
5. *Full Name of Mother,*	Laura Edmons
6. *Mother's Maiden Name,*	Jackson
7. *Mother's Birthplace,*	Canton
8. *Full Name of Father,*	Henry Edmons
9. *Father's Occupation,*	Tyler
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other Person who makes this Return.	Anna Timmens.
Address,	O' Donnell St. 26.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

57225

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 19, 1882
4. *Place of Birth, (Street and Number)* 623 Pennsylvania ave
5. *Full Name of Mother,* Hattie Kunert
6. *Mother's Maiden Name,* Hattie Saint Sing
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Fredrick Kunert
9. *Father's Occupation,* Wire Worker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs A Meseruch

Address, 645 Penna

Remarks,

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 19. 82.
4. *Place of Birth, (Street and Number)* S. Koestel str No 2
5. *Full Name of Mother,* Katharina Veu
6. *Mother's Maiden Name,* Dominek
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Veu
9. *Father's Occupation,* Lebner
10. *Father's Birthplace.* Balt.

Name of Medical Attendant, or other Person who makes this Return Wm Joh. Kaubach

Address, S. Wolf 14

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

58227

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Bettem 26

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 ter Geburt

1. *Sex (state whether Male or Female)* Bub
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* 19 den September 1882
4. *Place of Birth (Street and Number)* Sickeger St No 8.
5. *Full Name of Mother* Barbara Swoboda
6. *Mother's Maiden Name* Barbara Regni
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Franz Regni
9. *Father's Occupation* Smider
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Hebamme

Address Terezia Merge St Bond St No 328

Remarks Balt. den 26 September 1882

R

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18228

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th September
4. *Place of Birth, (Street and Number)*	Hare Street
5. *Full Name of Mother,*	Mary A. Holtzman
6. *Mother's Maiden Name,*	Mary A Donegan
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Frank Holtzman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	104 Curley Street (center)
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* No 134 N Chappel St
4. *Place of Birth, (Street and Number)* Sept 20th 1882
5. *Full Name of Mother,* Crenstine Hollmann
6. *Mother's Maiden Name,* Crenstine Coschitzka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Theodore Hollmann
9. *Father's Occupation,* Wheelright
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dina Hilligeis

Address. 182 E Monument St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

882-30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 20th 1882
4. *Place of Birth, (Street and Number)* No. 67 Duncan Alley
5. *Full Name of Mother,* Annie Chew
6. *Mother's Maiden Name,* Annie Chew
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* No account
9. *Father's Occupation,* "
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Wm. Lerk Walker

Address, 15 Duncan Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5823/

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 3

1. *Sex,* (*state whether male or female*) Male
2. *Race or ~~Color.~~* (*if not of the white race*)
3. *Date of Birth,* 20 September
4. *Place of Birth,* (*Street and Number*) 23 N. Eden street
5. *Full Name of Mother,* Annie Beanstein
6. *Mother's Maiden Name,* Stle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Beanstein
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

582 32

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 20th 1882
4. *Place of Birth, (Street and Number)* Maternity Hospt 161 W Lombard
5. *Full Name of Mother,* Annie Kalman
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return W R M Intosh M.D.

Address, 161 W Lombard St

Remarks,

SEP 25 1882 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 20
4. *Place of Birth, (Street and Number)* No 9 Enkels alley
5. *Full Name of Mother,* Lizzie Jonson
6. *Mother's Maiden Name,* Wergel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolf Jonson
9. *Father's Occupation,* Wagner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58234

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	20 of September 84
4. Place of Birth (Street and Number)	Kate Brooks Scott 211 Vine
5. Full Name of Mother	~~Kate Brooks~~ Kate Scott
6. Mother's Maiden Name	~~Baltimore County~~ Kate Black
7. Mother's Birthplace	~~Oliver Scott~~ Baltimore Co
8. Full Name of Father	Oliver Scott
9. Father's Occupation	Driver wagon
10. Father's Birthplace	Howard County
Name of Medical Attendant, or other Person who makes this Return.	Maj Jere Richardson
Address	219 Hover Stree
Remarks	mother and child doing well

RETURN OF A BIRTH

58235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 20th 1882
4. *Place of Birth, (Street and Number)* No 146 McElderry st
5. *Full Name of Mother* Mrs Fredrika Feldbush
6. *Mother's Maiden Name,* " " Modecker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Feldbush
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55 S. Bond st

Remarks,

"Your any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 58256

Oct 26/82

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	20th Oct.
4. Place of Birth (Street and Number)	129 Scott St.
5. Full Name of Mother	Maggie Knipp
6. Mother's Maiden Name	" [redacted]
7. Mother's Birthplace	Virginia
8. Full Name of Father	Jacob Knipp
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Flanagan
Address	112 Scott St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 18237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 26/82

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* 26th Sept.

4. *Place of Birth* (Street and Number) No. 6 Bartlett St

5. *Full Name of Mother* Carrie Brason

6. *Mother's Maiden Name* Carrie Moullen

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Haynes

Address 112 Scott St.

Remarks the father is dead

RETURN OF A BIRTH.

18238

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
23
1882
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	September 20th 1882
4. *Place of Birth* (Street and Number)	No 148 North Dallas St Balto Md
5. *Full Name of Mother*	Elizabeth Thrasher
6. *Mother's Maiden Name*	Elizabeth Hill
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Thrasher
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 8 Walker Street near Bond Balto Md
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7te Kind

1. *Sex, (state whether male or female)* Buб

2. *Race or Color, (if not of the white race)* Weiß

3. *Date of Birth,* geboren den 20. September

4. *Place of Birth, (Street and Number)* № 292. Register Str

5. *Full Name of Mother,* Barbarte Hamilton

6. *Mother's Maiden Name,* Barbarte Ridel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Georg Hamilton

9. *Father's Occupation,* Baltimore

10. *Father's Birthplace,* Hendersleter

Name of Medical Attendant, or other Person who makes this Return, Friederike Kaufmann

Address, № 202 S. Dallas Str

Remarks, Hebamme

SEP 23 1862 HEALTH DEPARTMENT BALTIMORE

88239

WM. J. C. DULANY & CO. BOOKBINDERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

J824a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26/82
4. *Place of Birth, (Street and Number)* No 36 Patterson Park Ave
5. *Full Name of Mother,* Mrs Hetty Heede
6. *Mother's Maiden Name,* Hetty Kangler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Heede
9. *Father's Occupation,* Water Clerk
10. *Father's Birthplace,* Christiansand, Norway

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, #12 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 18241

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 3
1882
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* On 20 of Sept
4. *Place of Birth, (Street and Number)* Bethel St 88
5. *Full Name of Mother* ~~Mary Gilmore~~ Allies Gilmore
6. *Mother's Maiden Name* Allies Pinket
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mary Gilmore
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Brittan

Address 78 St Bethel St

Remarks

RETURN OF A BIRTH, 18742

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
SEP
27
1882
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 26th 1882
4. *Place of Birth, (Street and Number)* No 37 Goodmans Alley
5. *Full Name of Mother* Not Married
6. *Mother's Maiden Name* Litie Goss
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Locust Koppersman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Koenig

Address No 18 Byrd St.

Remarks This party lives together but not married.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

18243

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Sept 20

4. Place of Birth (Street and Number) 67 colington av

5. Full Name of Mother Margret Hiser

6. Mother's Maiden Name " " ruppert

7. Mother's Birthplace Baltimore

8. Full Name of Father Augustus Hiser

9. Father's Occupation Lumber Dealer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Bertner

Address 59 Madera Al

Remarks Good Health

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58244

HEALTH DEPARTMENT NOV 4 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~, (~~if not of the white race~~)* Colored
3. *Date of Birth,* Sep. 20 1882
4. *Place of Birth, (Street and Number)* 334 N. Durham St
5. *Full Name of Mother,* Abbie C. Cromwell
6. *Mother's Maiden Name,* Cager
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo W. Cromwell
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return M M White, M.D.

Address, 347 N Broadway

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 11245

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 28 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21st 1882
4. *Place of Birth, (Street and Number)* No 36 Eastern Ave
5. *Full Name of Mother,* Mary Passagno
6. *Mother's Maiden Name,* Mary Chow
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Antonio Passagno
9. *Father's Occupation,* Cranmaker
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return Elena Hillegeis

Address. 182 E Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1892 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	September 21 1892
4. *Place of Birth*, (*Street and Number*)	#82 S. Wolf St
5. *Full Name of Mother*,	Magdelina Norden
6. *Mother's Maiden Name*,	Schobelein
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Norden
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	~~Baltimore~~ Virginia
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58247

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21: 1882
4. *Place of Birth, (Street and Number)* 179 Leiden Ave
5. *Full Name of Mother,* May Hagan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Hagan
9. *Father's Occupation,* Private Watchman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

...any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 21st. 2 15 A.M.
4. *Place of Birth (Street and Number)* 69 S. Wolf St.
5. *Full Name of Mother* Mary Elz. Paakhaus
6. *Mother's Maiden Name* M. E. Cunte
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Bernard Paakhaus
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M.D.

Address 299 E Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 21st 1882
4. *Place of Birth, (Street and Number)*	15 Madison Alley
5. *Full Name of Mother,*	Mary Cook
6. *Mother's Maiden Name,*	Mary Hughes
7. *Mother's Birthplace,*	Cambridge Md
8. *Full Name of Father,*	David Cook
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	25 Harrison St
Remarks,	Child died Sept 24th 1882

MILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58250

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Sep 21st 1882

4. Place of Birth (Street and Number) No 311 Columbia ave

5. Full Name of Mother Gerti Crook

6. Mother's Maiden Name Gerti Dorsiger

7. Mother's Birthplace Baltimor

8. Full Name of Father Thomas Crook

9. Father's Occupation Storking

10. Father's Birthplace Prinsgeory Co

Name of Medical Attendant, or other Person who makes this Return. J. E. Dumax

Address No 54 Fredrick a S

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

Over 18251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 25. 1882 BALTIMORE

Name of child: Emilie Catherine Sampson

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female ~~Katie Mary Simpson~~
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 Sep.
4. *Place of Birth, (Street and Number)* 70 Holland st.
5. *Full Name of Mother,* Anna (~~Simpson~~) Sampson
6. *Mother's Maiden Name,* " Rauch
7. *Mother's Birthplace,* Bömen
8. *Full Name of Father,* Thomas (~~Simpson~~) Sampson
9. *Father's Occupation,* Kooper
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland st

Remarks, Balt

...ore of Vital Statistics in the City of Baltimore.

...ysician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

... CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

U.S. CENSUS DEPARTMENT
SEP 25 1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, ite or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3
1. *Sex*, (*state whether male or female*)	Male
2. *Race or ~~Color~~* (*if not of the white race*)	
3. *Date of Birth*,	21 September
4. *Place of Birth*, (*Street and Number*)	56 Park street
5. *Full Name of Mother*,	Elizabeth Stichel
6. *Mother's Maiden Name*,	Deicher
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Otto Stichel
9. *Father's Occupation*,	Labourer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18213

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED SEP 25 1902 BALTIMORE

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	3
1. *Sex*, (*state whether male or female*)	Male
2. *Race or ~~Color~~*, (*if not of the white race*)	
3. *Date of Birth*,	21 September
4. *Place of Birth*, (*Street and Number*)	319 Lumbard street
5. *Full Name of Mother*,	Sarah Maglout
6. *Mother's Maiden Name*,	Bumnor
7. *Mother's Birthplace*,	England
8. *Full Name of Father*,	Aledander Maglout
9. *Father's Occupation*,	Grainer
10. *Father's Birthplace*,	England
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lumbard street
Remarks,	

"advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 81254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 25 1892
BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	8
1. *Sex*, (*state whether male or female*)	Female
2. *Race or ~~Color~~*, (*if not of the white race*)	
3. *Date of Birth*,	21 September
4. *Place of Birth*, (*Street and Number*)	57 Style street
5. *Full Name of Mother*	Adrasine Stamps
6. *Mother's Maiden Name*,	Hoagoe
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*.	George Stamps
9. *Father's Occupation*,	Resturant
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Male Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of Sept
4. *Place of Birth, (Street and Number)* No 15 Clark
5. *Full Name of Mother,* Emma Fay
6. *Mother's Maiden Name,* Emma Karpt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Fay
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Sabina Gieshaber

Address, No 108 West 8

Remarks,

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of September
4. *Place of Birth, (Street and Number)* No 152 Fort St
5. *Full Name of Mother,* Mag. Tommas
6. *Mother's Maiden Name,* Mag. Fool
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Tommas
9. *Father's Occupation,* Laborbor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Sabine Griesbaker

Address, No 120 West St

Remarks,

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 6.

1. *Sex,* (*state whether male or female*) Male.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* 21 Sep 1882
4. *Place of Birth,* (*Street and Number*) No. 179. Forest St
5. *Full Name of Mother,* Larrow. Francis. Canapp
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Baltimore. County. Md.
8. *Full Name of Father,* Jesse. Henrez. Brown.
9. *Father's Occupation,* Blacksmith.
10. *Father's Birthplace,* Howard. County Md

Name of Medical Attendant, or other Person who makes this Return L. Worden.

Address, 120 Government

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

y physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or birth of any child within the City of Baltimore, shall report to the registrar aforesaid, ys thereafter, stating distinctly the date of birth, sex, and color of the child or children heir physical condition, whether still born or not, the full name, nativity, and residence s, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st Sept. 1887
4. Place of Birth (Street and Number)	No 219 N. Dollcers St. Balto.
5. Full Name of Mother	Anna Hladky
6. Mother's Maiden Name	Ann Bazourek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	John Hladky
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katzyna Bazourek
Address	No 141 Abbott St. Balto.

HEALTH DEPARTMENT SEP 22 1887 BALTIMORE

RETURN OF A BIRTH 58217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st September
4. *Place of Birth, (Street and Number)*	174 Chestnut Street
5. *Full Name of Mother,*	Minnie Pierson
6. *Mother's Maiden Name,*	Doerges
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Leon Pierson
9. *Father's Occupation,*	Jeweller
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M.D.
Address,	8 N Eutaw St
Remarks,	Normal Labor

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 8826a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
26
1882
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1*st,* ~~2d, 3d, &c.~~) _____

1. *Sex (state whether male* ~~*or female*~~) _____
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* 31st September 1882.
4. *Place of Birth, (Street and Number)* 311 E. Baltimore St.
5. *Full Name of Mother* Mary E. Tarbert.
6. *Mother's Maiden Name* Mary E. Strobel.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Upton H. Tarbert.
9. *Father's Occupation* Farmer.
10. *Father's Birthplace* Baltimore County Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell Sr.

Address 207 S. Broadway.

Remarks _____

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 4th, 21, 82
4. *Place of Birth, (Street and Number)* Eastern Av. No. 1st 185.
5. *Full Name of Mother,* Rosa L. Palmer
6. *Mother's Maiden Name,* Rosa L. Heiser
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Philip Palmer
9. *Father's Occupation,* Oyster Dealer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 17 Eastern Av. No 2d

Remarks,

MURPHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 21, 1882.
4. Place of Birth, (Street and Number) 6 Bond St. No. 28.
5. Full Name of Mother, Bridget McAllister
6. Mother's Maiden Name, Bridget McKinley
7. Mother's Birthplace, County Antrim, N. Gr. Britt. Europa
8. Full Name of Father, Patrick McAllister
9. Father's Occupation, Store Keeper
10. Father's Birthplace, County Antrim N. Gr. Britt. Europa

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Gallas St. No. 26

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. Sex, (state whether male or female) Bub.

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, geboren den 21ten September

4. Place of Birth, (Street and Number) No 274 S. Brodwag

5. Full Name of Mother, Unerlich

6. Mother's Maiden Name, Anna William

7. Mother's Birthplace, ~~Unerlich~~ Baltimore

8. Full Name of Father, Unerlich

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str

Remarks, Hebamme

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58264

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11tes Kind

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, geboren den 21ten September
4. Place of Birth, (Street and Number) No 18 Cämpen Str
5. Full Name of Mother, Mary Fuschs
6. Mother's Maiden Name, Mary Lentz
7. Mother's Birthplace, Deutschland
8. Full Name of Father, Franz Fuschs
9. Father's Occupation, Blakschimdt
10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	8th Child.
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Sept 21 st 1882
4. *Place of Birth*, (*Street and Number*)	No 356 Sharp st.
5. *Full Name of Mother*,	Mary Schneitzer
6. *Mother's Maiden Name*,	Lippert
7. *Mother's Birthplace*,	America
8. *Full Name of Father*,	John Schneitzer
9. *Father's Occupation*,	Policeofficier
10. *Father's Birthplace*,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schnaasser midwife
Address,	330 Hanover st.
Remarks,	

RECEIVED SEP 23 1882 REGISTRAR BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
23
1932
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* born on the 21st of September/32
4. *Place of Birth,* (*Street and Number*) 55 Bentalou St.
5. *Full Name of Mother,* Emma Lotz
6. *Mother's Maiden Name,* E. Albrecht
7. *Mother's Birthplace,* born in Balto. City
8. *Full Name of Father,* Frank P. Lotz
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* born in Balto. City

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiller

Address. 1017 W. Pratt St.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58267

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1892 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 21st
4. Place of Birth (Street and Number)	581 Fremont St
5. Full Name of Mother	Kate B Hulseman
6. Mother's Maiden Name	Thomas
7. Mother's Birthplace	Balto Co
8. Full Name of Father	Eugene Hulseman
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chas E Sadtler M D
Address	565 Druid Hill Ave
Remarks	

RETURN OF A BIRTH 58268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21st Sept 82
4. *Place of Birth, (Street and Number)* No 10 Clemens St.
5. *Full Name of Mother,* Louise Seip
6. *Mother's Maiden Name,* Conrad
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Seip
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Marie Nixon

Address. 328 S. Eutaw St.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18269

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1952 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 21 September
4. *Place of Birth, (Street and Number)* 77 Eddenhall st Baltimore
5. *Full Name of Mother,* Lucy Gross
6. *Mother's Maiden Name,* Lucy hill Howard Co
7. *Mother's Birthplace,* howard Co
8. *Full Name of Father,* Samuel Gross
9. *Father's Occupation,* Oysterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Millie Gross

Address, N 12 plum alley

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 88270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 27 1882

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th —
1. Sex (state whether Male or Female)	Female —
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept - 21 - 1882. -
4. Place of Birth (Street and Number)	208 Harlem Ave.
5. Full Name of Mother	O. F. Rottman
6. Mother's Maiden Name	" " Frendebenburg
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Edward Rottman
9. Father's Occupation	Oil merchant
10. Father's Birthplace	Brunswick Germany —
Name of Medical Attendant, or other Person who makes this Return.	Wm. A. B. Gillman
Address	Carollton Ave & Lanvale St. —
Remarks	

RETURN OF A BIRTH 58271

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* [illegible] female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 September
4. *Place of Birth, (Street and Number)* Hughes St. 444
5. *Full Name of Mother,* Martha Moore
6. *Mother's Maiden Name,* Martha Monroe
7. *Mother's Birthplace,* Acme Co Virginia
8. *Full Name of Father,* Harold Moore
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Acme Co Virginia

Name of Medical Attendant, or other Person who makes this Return Dr. [illegible] Milson

Address, 252 Hughes St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

58272

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21 1881
4. *Place of Birth, (Street and Number)* 56 Mc Mechen St
5. *Full Name of Mother,* Katie Rechner
6. *Mother's Maiden Name,* Katie Barker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Herman Rechner
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs C Mesenzohl

Address, 345 Penn Ave

Remarks,

[illegible] physician, attendant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

5827 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH CLEARANCE SEP 27 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sep 21 st 1882.
4. Place of Birth (Street and Number)	Baltimore. No. 39 N Broadway.
5. Full Name of Mother	Josephine Massey;
6. Mother's Maiden Name	" " Lewis.
7. Mother's Birthplace	Maryland
8. Full Name of Father	James. Massey;
9 Father's Occupation	Inspector at Custom House
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A. Kosmak.
Address	No. 10 South Eden st. Baltimore
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 582274

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 27 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 21st " 1882
4. *Place of Birth (Street and Number)* No " 179 North Gilmor St
5. *Full Name of Mother* Ann E. Clarkson
6. *Mother's Maiden Name* " " de Rieux
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Col " Joseph A. Clarkson
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond M. D.

Address No " 148 North Carey St. Balto "

Remarks Well formed healthy Child.

RETURN OF A BIRTH 18275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Birth. Maiden name Posey

1. *Sex, (state whether male or female)* Posey Jean Brown Born a
2. *Race or Color, (if not of the white race)* Raised in Baltimore city
3. *Date of Birth,* Sept 22 22 years old
4. *Place of Birth, (Street and Number)* Colored Laundry farmer Work
5. *Full Name of Mother,* Thomas Charlie Poulston Colored
6. *Mother's Maiden Name,* Born in Long Green and Raised
7. *Mother's Birthplace,* In Long Green
8. *Full Name of Father,* Stirling St 161
9. *Father's Occupation,*
10. *Father's Birthplace.* Lizzie Sales Born and

Name of Medical Attendant, or other Person who makes this Return Raised in Baltimore city

Address, Stirling St 114

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 28
1882
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 22 1882
4. *Place of Birth, (Street and Number)* Baltimore Co.
5. *Full Name of Mother,* Lena Miller
6. *Mother's Maiden Name,* Lena Mosley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 114 Ridgely St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 18277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 12 8 2 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colrd
3. *Date of Birth* Sept. 22nd 1882
4. *Place of Birth (Street and Number)* No. 14 Greenwillow Ct.
5. *Full Name of Mother* Maggie Pinckney
6. *Mother's Maiden Name* " Hill
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Henry Pinckney
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Dr. F. B. Gardner

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH

58278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22d 1882
4. *Place of Birth, (Street and Number)* No 291 N Front st
5. *Full Name of Mother,* Mary Shipley
6. *Mother's Maiden Name,* Mary Piper
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Paul Shipley
9. *Father's Occupation,* Plaster
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mena Hillegeist

Address. 182 E Monument st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 22/82
4. *Place of Birth, (Street and Number)* Howard Street 312
5. *Full Name of Mother,* Maiden Name Sophia Diestelbath
6. *Mother's ~~Maiden Name~~,* full Name " Hoffmann
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Julius Hoffmann
9. *Father's Occupation,* Head Cook Mt Vernon Hotel
10. *Father's Birthplace.* Frankfort — Germany —

Name of Medical Attendant, or other Person who makes this Return Madam Munch

Address, 1 Leadenfall St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Sept 11. 22 1882
4. *Place of Birth, (Street and Number)* Baltimore Bolton St No 6
5. *Full Name of Mother,* Rachel Ockemey
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Blaydensburg md
8. *Full Name of Father,* Wm Samuel Ockemey
9. *Father's Occupation,* Dray man
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 9th 1882
4. *Place of Birth, (Street and Number)* No 367 McDonough
5. *Full Name of Mother,* Fredericker Schauerman
6. *Mother's Maiden Name,* Fredericker Scholl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Schauerman
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Leva Hilligeist

Address, 151 Monument St

Remarks,

"Shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8828

To the Office of Registrar of Vital Statistics, Board of Health,

Sept 24 1882 **BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colld
3. *Date of Birth* Sept 22
4. *Place of Birth (Street and Number)* NO 211 Manning st
5. *Full Name of Mother* Jennie Carroll
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Sumbert Co Md
8. *Full Name of Father* Elick Carroll
9. *Father's Occupation* Labar
10. *Father's Birthplace* St Mary County Md

Name of Medical Attendant, or other Person who makes this Return. Mid wife Mary J. Dennis

Address 21 Peach Ally

Remarks

RETURN OF A BIRTH.

8283

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

f Child of Mother (state whether 1st, 2d, 3d, &c). 8

(state whether Male or Female) male

ce or Color (if not of the white race) Colard

te of Birth Was Born Sept 17 1882

ce of Birth (Street and Number) 45 Raborg St

l Name of Mother Charlotte Ann Brent

her's Maiden Name Charlotte Ann Jones

her's Birthplace Davidsonville A A County md

Name of Father George Delany Brent

her's Occupation Waiter

her's Birthplace Davidsonville A A County md

e of Medical Attendant, or other Person who makes this Return. Mrs Drs Caroline Jones

ress nine St

arks

RETURN OF A BIRTH 18284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	6th
1. *Sex*, (*state whether male or female*)	Male.
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Sept 22d 1882 1 a m
4. *Place of Birth*, (*Street and Number*)	83 Arlington ave.
5. *Full Name of Mother*,	Johanna Sullivan
6. *Mother's Maiden Name*,	Johanna Burns
7. *Mother's Birthplace*,	Norfolk Va.
8. *Full Name of Father*,	John Sullivan
9. *Father's Occupation*,	Farmer
10. *Father's Birthplace*.	Ireland
Name of Medical Attendant, or other Person who makes this Return	J. H. Layton M D
Address,	83 Arlington Ave.
Remarks,	

SEP 25 1882 BALTIMORE

JULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex.* (*state whether male or female*) Female
2. *Race or ~~Color.~~* (*if not of the white race*)
3. *Date of Birth,* 22 September
4. *Place of Birth,* (*Street and Number*) 12 S. Exeter street
5. *Full Name of Mother,* Annie Patterson
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Patterson
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 22. 1882
4. *Place of Birth, (Street and Number)* No. 19 Fort Av. Balt. Md.
5. *Full Name of Mother,* Margaret Henning
6. *Mother's Maiden Name,* Margaret Seibert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Henning
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, 107 Johnson St. Baltimore Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 22nd 1882

4. Place of Birth, (Street and Number) 126 Greenmount Ave

5. Full Name of Mother, Mary Jennings

6. Mother's Maiden Name, Andre Holland

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Jennings

9. Father's Occupation, Porter In Store

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return S. J. Wooden.

Address, 120 Greenmount

Remarks,

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	224 N Calvert St Balto Md
4. *Place of Birth* (Street and Number)	Sept. 22/82
5. *Full Name of Mother*	Anne Bell Hemsley
6. *Mother's Maiden Name*	Thomas
7. *Mother's Birthplace*	Balto. City Md
8. *Full Name of Father*	Tilden Hemsley
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Queen Anns Co Md
Name of Medical Attendant, or other Person who makes this Return.	Robt W Conrad M.D.
Address	128 W. Madison St.
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 58289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Seventh~~ Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sep 22d 1882
4. *Place of Birth, (Street and Number)*	103 Pearl Street
5. *Full Name of Mother,*	Hannah Gallinger
6. *Mother's Maiden Name,*	" Marks
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Nathan Gallinger
9. *Father's Occupation,*	Pedlar
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M.D.
Address,	88 N Eutaw Street
Remarks,	Normal labor

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

58290

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 26 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 22nd Sept.

4. Place of Birth (Street and Number) No. 92 Scott St

5. Full Name of Mother Florence Jackson

6. Mother's Maiden Name " Supp.

7. Mother's Birthplace Baltimore

8. Full Name of Father Harry Jackson

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Mary Horrigan

Address 112 Scott St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 58291

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22 1862
4. Place of Birth (Street and Number)	No. 16 Ramsay St
5. Full Name of Mother	Maria Layman
6. Mother's Maiden Name	Maria Rodoman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Layman
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Horan
Address	112 Scott St
Remarks	

RETURN OF A BIRTH

58292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 26

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 22 1882
4. *Place of Birth, (Street and Number)*	Williman St 46
5. *Full Name of Mother,*	Mary A Smith
6. *Mother's Maiden Name,*	Cassidy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thos. Smith
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Altwell
Address,	266 N Donogh St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept. 22nd 1882
4. *Place of Birth, (Street and Number)* 848 West Balt. St.
5. *Full Name of Mother,* Jamima Morrison.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Spotsalvania Co Va
8. *Full Name of Father,* William D. Morrison.
9. *Father's Occupation,* Insurance Agent.
10. *Father's Birthplace,* Fauquier Co. Va

Name of Medical Attendant, or other Person who makes this Return Norman F Hill Mr

Address. Cor Calhoun & Fayette St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd of September.
4. *Place of Birth, (Street and Number)* 145 North Chapel Stret.
5. *Full Name of Mother,* Susan Theisle
6. *Mother's Maiden Name,* Susan ~~Kirk~~ Rosenberg.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lorand Rosenberg.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chapel Street per Justina Kunkel.

Remarks, Healthy.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 22nd/82
4. *Place of Birth, (Street and Number)*	No. 48 Hammond Alley.
5. *Full Name of Mother,*	Elizabeth McCarthy
6. *Mother's Maiden Name,*	Elizabeth Kelley
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thomas McCarthy
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace.*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs. Eliza Flemming
Address,	No. 95 Albemarle St
Remarks,	City

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 29 1892
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 22nd 92
4. *Place of Birth, (Street and Number)*	154 S Ann St
5. *Full Name of Mother,*	Mary E Madison
6. *Mother's Maiden Name,*	Mary E Mahoney
7. *Mother's Birthplace,*	Halifax Nova Scotia
8. *Full Name of Father,*	John H. Madison
9. *Father's Occupation,*	Dredger
10. *Father's Birthplace,*	Elmshorn Germany
Name of Medical Attendant, or other Person who makes this Return.	H W Knaus
Address,	143 N Charles St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

58297

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	~~White~~ Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sep. 22nd/82
4. *Place of Birth, (Street and Number)*	191 S. Caroline
5. *Full Name of Mother,*	Rebecca Horst
6. *Mother's Maiden Name,*	Rebecca Saunders
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry Horst
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	N W Kucass MD
Address,	143 N Charles St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 22nd, 1882
4. *Place of Birth, (Street and Number)*	# 110 Hamburg St
5. *Full Name of Mother,*	Mary D. Weber
6. *Mother's Maiden Name,*	Forsythe
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Henry J. Weber
9. *Father's Occupation,*	Gilder-Maker
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	Robert E. Rowe, M. D.
Address,	323 Light St + 143 Battery Ave, Balto, Md
Remarks,	

Jun 29

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th Child

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 13th Sept 82
4. *Place of Birth,* (*Street and Number*) No 96 St Petri St.
5. *Full Name of Mother,* Marie Bauers
6. *Mother's Maiden Name,* Ward
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Joseph Bauers
9. *Father's Occupation,* ~~Laborer~~ Painter
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Marie Virch

Address, 228 S. Eutaw St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Sept 82
4. *Place of Birth, (Street and Number)* Nro 23 Stockholm St.
5. *Full Name of Mother,* Anna Gismann
6. *Mother's Maiden Name,* Anna Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Heinrich Gisman
9. *Father's Occupation,* Cigarrenmäher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Maria Virch.

Address. 328 S. Eutaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58301

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Twenty second of September
4. *Place of Birth, (Street and Number)* Number 32 Burke st. 1882
5. *Full Name of Mother,* Augusta Porsinger
6. *Mother's Maiden Name,* Bewig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Porsinger
9. *Father's Occupation,* Pudlar
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wily

Address, No 14 Patterson Park Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58302

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (*state whether* ~~1st, 2d~~, 3d, &c.)

1. *Sex*, (~~*state whether male or*~~ *female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 22 Sept 1882
4. *Place of Birth*, (*Street and Number*) 198 N Calhoun St
5. *Full Name of Mother*, Mary E Bland
6. *Mother's Maiden Name*, Boyd
7. *Mother's Birthplace*, Virginia
8. *Full Name of Father*, Jno B Bland
9. *Father's Occupation*, Merchant
10. *Father's Birthplace*, Va

Name of Medical Attendant, or other Person who makes this Return — Geo H. Epler

Address, # 1 Waverly Terrace

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 22nd Sept. Friday
4. *Place of Birth, (Street and Number)* Baltimore Md. Smiths court.
5. *Full Name of Mother,* Ellen Purnell
6. *Mother's Maiden Name,* Ellen Johnson
7. *Mother's Birthplace,* Snow hill Worcester county Md.
8. *Full Name of Father,* William Purnell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Susan Morgan

Address, No 47 North Durham street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN E. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58304

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 22
4. *Place of Birth, (Street and Number)* 22 Blome St
5. *Full Name of Mother,* Cornelia Harwood
6. *Mother's Maiden Name,* Cornelia Britton
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Frank Harwood
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs A Messenger

Address, 345 Dorman

Remarks,

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 27 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* mulatto.
3. *Date of Birth,* 22 Sept. 1882
4. *Place of Birth, (Street and Number)* Baltimore, Park St. 24.
5. *Full Name of Mother,* Ida Selle
6. *Mother's Maiden Name,* Brüttmer
7. *Mother's Birthplace,* Baiern
8. *Full Name of Father,* Joseph Selle.
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Canada.

Name of Medical Attendant, or other Person who makes this Return. J. Steinmetz.

Address, O'Donnell St. 26.

Remarks,

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58306

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1882
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* Sep 22, 1882
4. *Place of Birth, (Street and Number)* 75 Patterson Park Ave
5. *Full Name of Mother,* Henrietta Ewens
6. *Mother's Maiden Name,* " Hill
7. *Mother's Birthplace,* N. C.
8. *Full Name of Father,* John F Ewens
9. *Father's Occupation,* Insurance Adjuster
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return W M White MD

Address, 347 N Broadway

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Secund (2d)

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* September 22d, 1882
4. *Place of Birth,* (*Street and Number*) No. 24 Acquitta Street
5. *Full Name of Mother,* Mrs. Susan Isabella Waldron
6. *Mother's Maiden Name,* Susan Lyman
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Mr. Richard Waldron
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Wm. H. Claudius M.D.

Address, No. 102 N. Broadway,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 4 1882

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 22nd 1882
4. *Place of Birth (Street and Number)* 424 N Gay
5. *Full Name of Mother* Sarah Randall
6. *Mother's Maiden Name* " Kelly
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Simon Randall
9. *Father's Occupation* Shipping clerk
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo B. Ray MD

Address 1214 Calvert

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 23d 1882
4. *Place of Birth, (Street and Number)* 46 Pine Street
5. *Full Name of Mother,* Amandy Redick
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* Richard Redick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Fork Virginia

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

SEP 25 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth,*	Sept 23 ed 1882
4. *Place of Birth,* (Street and Number)	No 26 Paultney St
5. *Full Name of Mother.*	Louisa Fiemeyer
6. *Mother's Maiden Name.*	Samuel
7. *Mother's Birthplace,*	America
8. *Full Name of Father.*	Louis Fiemeyer
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other Person who makes this Return	J. Schwasser midwife
Address,	330 Hanover St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 28 2
1992
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 23 d 1882
4. *Place of Birth, (Street and Number)*	No 113 Lendenhall st
5. *Full Name of Mother*	Clara Stein
6. *Mother's Maiden Name,*	Bing
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Herman Stein
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwaaker midwife
Address,	330 Hanover st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

S 8312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	september 23 d
4. *Place of Birth, (Street and Number)*	101 hill st
5. *Full Name of Mother,*	josephiene wilson
6. *Mother's Maiden Name,*	josephiene askins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	george wilson
9. *Father's Occupation,*	sailor
10. *Father's Birthplace,*	snow hill md
Name of Medical Attendant, or other Person who makes this Return	mrs Lydia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

(5813)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23rd September
4. *Place of Birth, (Street and Number)*	151 Chesapeake street
5. *Full Name of Mother,*	Mary S. Robinson
6. *Mother's Maiden Name,*	Mary S. Bruns
7. *Mother's Birthplace,*	Richmond Va
8. *Full Name of Father,*	Joseph T. Robinson
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Tullens
Address,	104 Curley street canton
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 23, 1882
4. *Place of Birth, (Street and Number)*	371 La Fayette Av.
5. *Full Name of Mother,*	Ida V. Cromer
6. *Mother's Maiden Name,*	Hay
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Thos. W. Cromer
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	J. McHood
Address,	322 Hollins st
Remarks,	Large boy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

VITAL STATISTICS DEPARTMENT SEP 25 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 23d 1892
4. *Place of Birth (Street and Number)*	63 E. Lombard
5. *Full Name of Mother*	Eva May
6. *Mother's Maiden Name*	Eva Mens.
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	George May
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. D. Williams Pratt
Address	86 E. Fayette St
Remarks	

RETURN OF A BIRTH. 58316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st –

1. Sex (state whether Male or Female) Male –

2. Race or Color (if not of the white race) White –

3. Date of Birth Sept. 23d - 1882 –

4. Place of Birth (Street and Number) 273 N. Gilmor St –

5. Full Name of Mother Mary F. Chalk –

6. Mother's Maiden Name " Ebaugh –

7. Mother's Birthplace Carroll Co. Md –

8. Full Name of Father Charles F. Chalk –

9. Father's Occupation Dairyman –

10. Father's Birthplace Balto –

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith

Address Harlem av, and Calhoun St –

Remarks

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 26 1882
4. *Place of Birth, (Street and Number)* 217 Bank St
5. *Full Name of Mother,* Annie R. Lipp
6. *Mother's Maiden Name,* Annie R. Hurley
7. *Mother's Birthplace,* Charles Co. Nell
8. *Full Name of Father,* Edward Lipp
9. *Father's Occupation,* Stove Mounter
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return J. L. Winkelmann

Address, 77 So. Broadway

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of September 1882
4. *Place of Birth, (Street and Number)* No 3 Church St
5. *Full Name of Mother,* Nelly Heand
6. *Mother's Maiden Name,* Nelly Pendergrass
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Neal Heand
9. *Father's Occupation,* Engineer
10. *Father's Birthplace.* Easternshor

Name of Medical Attendant, or other Person who makes this Return Sabina Grieshaber

Address, No 12 West St

Remarks,

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Grace Rose L. Ewing

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 23rd 1882

4. Place of Birth, (Street and Number) 69 N. Amity St

5. Full Name of Mother, Annie Maigel Ewing

6. Mother's Maiden Name, " " Tittle

7. Mother's Birthplace, Carroll County

8. Full Name of Father, Harry Clinton Ewing

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Sedley

Address. 57 Schroeder St

Remarks, GIVEN NAME ADDED 1-3-52

SEP 25 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 1882a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Primipara
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Sept 23d 1882 1.9 m.
4. *Place of Birth*, (*Street and Number*)	22 Mulberry Street
5. *Full Name of Mother*,	Ida Hayall
6. *Mother's Maiden Name*,	Ida Bond
7. *Mother's Birthplace*,	Baltimore Co Md
8. *Full Name of Father*,	Harry Hayall
9. *Father's Occupation*,	Physician
10. *Father's Birthplace*,	Richmond Va
Name of Medical Attendant, or other Person who makes this Return	C. H. Dalton M D
Address,	543 Lexington St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58291

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 23rd 1882

4. Place of Birth, (Street and Number) 198 Wagner St

5. Full Name of Mother, Julia Cottran

6. Mother's Maiden Name, Julia Shafer

7. Mother's Birthplace, England

8. Full Name of Father, Francis Cottran

9. Father's Occupation, Machine Cooper

10. Father's Birthplace, Rochester N.Y.

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address, 140 S Lanvale St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
29
1932
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female Hermina Maria Ulbrig
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* 23 September 1932
4. *Place of Birth, (Street and Number)* 75 Mulliken street
5. *Full Name of Mother,* Ella Ulbrig
6. *Mother's Maiden Name,* " Hoenbarmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Augustus Ulbrig
9. *Father's Occupation,* Canmaker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbrig

Address, 48 Holland st. Balt. Md

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 23rd 1882
4. *Place of Birth, (Street and Number)* No 1. Farrest St
5. *Full Name of Mother,* Rosa Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Sep 29
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, No. 5. Farrest St

Remarks,

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58324

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second 2d Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 Sep. 82
4. *Place of Birth, (Street and Number)* Nr. 40 Riglistreet
5. *Full Name of Mother,* Theresia Bessel
6. *Mother's Maiden Name,* " Lang.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Heinr Bessel
9. *Father's Occupation,* Labarer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Marie Groth

Address, 328 S. Ensaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58325

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 23. 1882
4. *Place of Birth, (Street and Number)* N. Wolfstr No 55
5. *Full Name of Mother,* Louise Droll
6. *Mother's Maiden Name,* Hohmann
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Adam Droll
9. *Father's Occupation,* Tabor
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolfstr 14

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Sept 23rd 1882
4. *Place of Birth, (Street and Number)*	141 Penna Ave
5. *Full Name of Mother,*	Elizabeth Bailey
6. *Mother's Maiden Name,*	Dentle
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	John T Bailey
9. *Father's Occupation,*	Grocer & Provision Dealer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	R. Winslow
Address,	201 W. Biddle St
Remarks,	

SEP 27 1882 BALTIMORE

RETURN OF A BIRTH 18327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept 24 th 1882
4. *Place of Birth, (Street and Number)*	No 621 Hanover st
5. *Full Name of Mother,*	Cathern White
6. *Mother's Maiden Name,*	Mcloy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William White
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	J. Schaeffer midwife
Address,	390 Hanover st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

18328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 24 1882
4. *Place of Birth, (Street and Number)* 245 Maryland Ave
5. *Full Name of Mother,* L. E. Martin
6. *Mother's Maiden Name,* L. E. Osborn
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* J. H. Martin
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return S. Whittenberger

Address, 121 W. Monument

Remarks,

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Sept 24th 1882
4. *Place of Birth, (Street and Number)* 174 n High st
5. *Full Name of Mother,* Rebecca Streets
6. *Mother's Maiden Name,* Rebecca Brown
7. *Mother's Birthplace,* Lancaster Pennsylvania
8. *Full Name of Father,* David W Streets
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address, 124 n Eyeter st

Remarks, One child by this second marriage, 2 by first husband.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1833a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 2

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept 24th 1882
4. *Place of Birth* (Street and Number) 291 W Lanvillon av
5. *Full Name of Mother* Agnes Agnes Newell Scott
6. *Mother's Maiden Name* Agnes Newell
7. *Mother's Birthplace* Balto Co Md
8. *Full Name of Father* Allen Blackshear Scott
9. *Father's Occupation* Officer in U S Army
10. *Father's Birthplace* San Antonio Texas

Name of Medical Attendant, or other Person who makes this Return. E Gover Coy M D

Address 289 W Fayette St

Remarks

RETURN OF A BIRTH 5833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 24th 1882
4. *Place of Birth, (Street and Number)*	#2 Wilkens St.
5. *Full Name of Mother,*	Lucy O'Neil
6. *Mother's Maiden Name,*	" Lynch
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William O'Neil
9. *Father's Occupation,*	Hack Driver
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Anna Hillegeist
Address,	#182 E. Monument St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

S 8332

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 24th
4. *Place of Birth (Street and Number)* No 62 Vine St
5. *Full Name of Mother* Emma F. Oliver
6. *Mother's Maiden Name* Emma F. Carroll
7. *Mother's Birthplace* Rockville Montgomery Co.
8. *Full Name of Father* Isedore D. Oliver
9. *Father's Occupation* Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Johnson

Address 92 Tyson Street

Remarks

RETURN OF A BIRTH

58333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9/24/82
4. *Place of Birth, (Street and Number)* 42 Leadenhall st
5. *Full Name of Mother,* Anna Schelhaus
6. *Mother's Maiden Name,* " " Fink
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W H Schelhaus
9. *Father's Occupation,* Packer & Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Ruth Münch

Address, 1 Leadenhall St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18334

To the Office of Registrar of Vital Statistics, Board of ~~Health~~,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 24/82
4. *Place of Birth, (Street and Number)*	77 Gist St.
5. *Full Name of Mother,*	Mary E. Gardner
6. *Mother's Maiden Name,*	" " Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Gardner
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Bedford Ohio
Name of Medical Attendant, or other Person who makes this Return	R. H. Mansfield M. D.
Address,	117 S Broadway
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5832A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24th 1882
4. *Place of Birth, (Street and Number)* No 20 Point Lane
5. *Full Name of Mother,* Johanah Oberle
6. *Mother's Maiden Name,* Johanah Wefet
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Sarpin Oberle
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Jena Hillegeist

Address, 1826 Monument St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24 1882
4. *Place of Birth, (Street and Number)* No 290 Risquith st
5. *Full Name of Mother,* Angela Kaestler
6. *Mother's Maiden Name,* Angela Willinger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob Kaestler
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Kuna Hillegeist

Address, 1525 Monument st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24th 1882
4. *Place of Birth, (Street and Number)* No 26 Gramburg st
5. *Full Name of Mother,* Georgianna Muller
6. *Mother's Maiden Name,* Georgianna Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Muller
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Lena Hillegeis

Address, 182 E Monument st

Remarks,

Plus any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* ~~September 24 1882~~
3. *Date of Birth,* September 24 1882
4. *Place of Birth, (Street and Number)* No 308 Cross st
5. *Full Name of Mother,* Minnie Heinz
6. *Mother's Maiden Name,* Minnie Dietz
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Jacob Heinz
9. *Father's Occupation,* Glass blower
10. *Father's Birthplace.* Baden Germany

Name of Medical Attendant, or other Person who makes this Return Ruth Münch

Address, 1 Sardenhall st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of September
4. *Place of Birth, (Street and Number)* Baltimore Hanover and Townsend
5. *Full Name of Mother,* Anna B Graf
6. *Mother's Maiden Name,* Anna B Trockenbrod
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Jacob Graf
9. *Father's Occupation,* Cooper
10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 1 [illegible]

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth,* Sep. 24. 1882

4. *Place of Birth,* (Street and Number) 187 Druid Hill Avenue

5. *Full Name of Mother,* Mary Ward.

6. *Mother's Maiden Name,* " Hein

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Henry Clay Ward

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Marburg Brown M.D

Address, 68 McCulloh St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 58341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 2 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 24th 1882
4. Place of Birth (Street and Number)	No 7 young St Baltimore Md
5. Full Name of Mother	Ellen F Cheley
6. Mother's Maiden Name	Ellen F Owen
7. Mother's Birthplace	Richmond Va
8. Full Name of Father	Thomas N Cheley
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Moller
Address	No 5 Walker Street near Bond Balto Md
Remarks	

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 11-1-57

RETURN OF A BIRTH 55342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

Name: Walter H. Hollingshead

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	September 24th 1882
4. *Place of Birth*, (*Street and Number*)	259 William St
5. *Full Name of Mother*,	Eugenia Hollingshead
6. *Mother's Maiden Name*,	Eugenia Barton
7. *Mother's Birthplace*,	Baltimore Md
8. *Full Name of Father*,	Walter H. Hollingshead
9. *Father's Occupation*,	Boss Mason
10. *Father's Birthplace*,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	140 Hanover St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58343

1882
Sept 20

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept. 24th 1882
4. *Place of Birth* (Street and Number)	308 W. Fayette St
5. *Full Name of Mother*	Mrs. Annie Snow Dougherty
6. *Mother's Maiden Name*	Franklin.
7. *Mother's Birthplace*	Snow Hill - Md.
8. *Full Name of Father*	H. H. Dougherty
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Wm W. Murray
308 W. Fayette St.

RETURN OF A BIRTH.

58344

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd two

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 24 1882
4. *Place of Birth (Street and Number)* No 33 Amer St
5. *Full Name of Mother* ~~Debar~~ Annie Roth
6. *Mother's Maiden Name* Annie Debar
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robard Roth
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Roastwill New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann E Ball

Address No 171 South Chester St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 24th 1882.
4. *Place of Birth, (Street and Number)*	324 E. Pratt St.
5. *Full Name of Mother*	Frances Scott.
6. *Mother's Maiden Name,*	Frances Parrott.
7. *Mother's Birthplace,*	Dorchester Co. Md.
8. *Full Name of Father,*	Capt. Richard James Scott.
9. *Father's Occupation,*	Sea Captain.
10. *Father's Birthplace*	Dorchester County. Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs Helen [illegible]
Address,	[illegible]
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24th 1882
4. *Place of Birth, (Street and Number)* No 406 Alice Ann St.
5. *Full Name of Mother,* Ellen Betz
6. *Mother's Maiden Name,* " Bond
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Betz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58347

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5 6

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 24, 82
4. *Place of Birth, (Street and Number)* S. Mathias Alley 49
5. *Full Name of Mother,* Margaretha Dittrich
6. *Mother's Maiden Name,* Bopp
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Johann Dittrich
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolfstr No 14

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 8348

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"It shall be the duty of the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 22nd 1882
4. *Place of Birth, (Street and Number)*	96 W. Pratt St
5. *Full Name of Mother,*	Katie Conklin
6. *Mother's Maiden Name,*	Katie Mee
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles Conklin
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Silas N. Hunter M.D.
Address,	56 Greenmount Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 18349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 28 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Sep. 26. 1882.
4. Place of Birth (Street and Number)	276 N. Caroline st
5. Full Name of Mother	Mary Sidney Beasley
6. Mother's Maiden Name	Howell,
7. Mother's Birthplace	Louisville, Ky
8. Full Name of Father	Wm J. Beasley,
9. Father's Occupation	Manufacturer
10. Father's Birthplace	Plymouth, N. C.
Name of Medical Attendant, or other Person who makes this Return.	J. F. Ingle M. D.
Address	247 Fawn
Remarks	

Act Recorded by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25 E350

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	5th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	September 25th 1882
4. *Place of Birth*, (*Street and Number*)	# 63 President St
5. *Full Name of Mother*,	Elisa Romano
6. *Mother's Maiden Name*,	Bariloni
7. *Mother's Birthplace*,	Italy
8. *Full Name of Father*,	Edge Romano
9. *Father's Occupation*,	Machinist
10. *Father's Birthplace*	Italy
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Koop
Address,	236 Canton Ave
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 25 1882
4. *Place of Birth, (Street and Number)*	28 So. Broadway.
5. *Full Name of Mother,*	Bettie Westheimer,
6. *Mother's Maiden Name,*	" Frank
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Aaron Westheimer,
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	New York State
Name of Medical Attendant, or other Person who makes this Return	George A. Rohe, M.D.
Address,	95 Park Ave.
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 1882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	September 25/82.
4. *Place of Birth, (Street and Number)*	W. John St. 3 door from Wilson.
5. *Full Name of Mother*	Louisa Mann.
6. *Mother's Maiden Name*	Grimes.
7. *Mother's Birthplace*	Balto. City Md.
8. *Full Name of Father*	George Mann.
9. *Father's Occupation*	Stone Carver.
10. *Father's Birthplace*	Scotland.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M D
Address	112 N. Greene St.
Remarks	

RETURN OF A BIRTH 58353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 25th 1882
4. *Place of Birth, (Street and Number)* No 77 N Liberty st
5. *Full Name of Mother,* Annie Thurnel
6. *Mother's Maiden Name,* Annie Bollman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Thurnel
9. *Father's Occupation,* Eating Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dena Hillegust

Address, 152 E Monument st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th Sept. 1882
4. *Place of Birth, (Street and Number)* Balto. Washington st No. 65
5. *Full Name of Mother,* M. Klerline
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* G. Klerline
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Roptish

Address, 69 N. Washington st

Remarks,

Mary Roptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 18315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 8 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Sept. 25th 1882
4. Place of Birth (Street and Number) 66 Centre
5. Full Name of Mother Marie Louise Gatti
6. Mother's Maiden Name Poisson
7. Mother's Birthplace France
8. Full Name of Father Albert Gatti
9. Father's Occupation Cork
10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell

Address 125 N. Charles St.

Remarks 1st position vertex - Normal labor -

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	25sten September 1882.
4. *Place of Birth, (Street and Number)*	456 Cross Street
5. *Full Name of Mother,*	Amalie Steinbacher
6. *Mother's Maiden Name,*	geb. Janusch.
7. *Mother's Birthplace,*	Danzig West Preussen
8. *Full Name of Father,*	Julius Steinbacher
9. *Father's Occupation,*	Blacksmit
10. *Father's Birthplace.*	Insterburg Ost. Preussen
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

DUGANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th day ~~December~~ September
4. *Place of Birth, (Street and Number)*	56 N. Henry st.
5. *Full Name of Mother,*	Mrs. Annie Stamp
6. *Mother's Maiden Name,*	Annie Elizabeth McGlathery
7. *Mother's Birthplace,*	~~Baltimore~~ Baltimore
8. *Full Name of Father,*	Jonas Henry Stamp
9. *Father's Occupation,*	Marble cutter
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Catherine Seebach
Address,	439 west Pratt st
Remarks,	

JOHN DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 18318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st -

1. *Sex (state whether Male or Female)* Female -
2. *Race or Color (if not of the white race)* White -
3. *Date of Birth* Sept. 25th - 1882 -
4. *Place of Birth (Street and Number)* 225 N. Calhoun St -
5. *Full Name of Mother* a. a. Hutchins -
6. *Mother's Maiden Name* Mc Mullin -
7. *Mother's Birthplace* Va -
8. *Full Name of Father* Joseph a. Hutchins -
9. *Father's Occupation* Builder -
10. *Father's Birthplace* Balto -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith -

Address Harlem av. Calhoun St -

Remarks

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sept 26

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 25, 1882.
4. *Place of Birth, (Street and Number)* Cor Ann & Mulligan Sts.
5. *Full Name of Mother,* Louisia ~~Harding~~ Gross
6. *Mother's Maiden Name,* Louisia ~~Gross~~ Harding
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Charles Gross
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, #47 N Durham St.

Remarks,

[illegible] any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 8360

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Fourth
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Sept. 25. 1882.
4. *Place of Birth*, (*Street and Number*)	100 Morton St.
5. *Full Name of Mother*,	Emmie Hopkins
6. *Mother's Maiden Name*,	Caulfield
7. *Mother's Birthplace*,	Balto City
8. *Full Name of Father*,	Wm. B. Hopkins
9. *Father's Occupation*,	Clerk
10. *Father's Birthplace*,	Accomac Co. Va.
Name of Medical Attendant, or other Person who makes this Return	J. H. Chrisfield M.D.
Address,	431 Penna. Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

58361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white race
3. *Date of Birth* born on the 25th day of Sept.
4. *Place of Birth (Street and Number)* on 37 Madeira Alley Baltimore
5. *Full Name of Mother* Anna Maria Duffy
6. *Mother's Maiden Name* Anna Maria Thelen
7. *Mother's Birthplace* Ottoville Putnam County Ohio
8. *Full Name of Father* Joseph Harry Duffy
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Maria Thelen

Address No. 37 Madeira Alley Bal.

Remarks

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18362

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	September 25th 1882
4. *Place of Birth, (Street and Number)*	No 53. S. Dallas st
5. *Full Name of Mother,*	Martha Stevens
6. *Mother's Maiden Name,*	" " Carr
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alfred Stevens
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Keator
Address,	
Remarks,	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 18363

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* September 25
4. *Place of Birth, (Street and Number)* 5 Springarden ave
5. *Full Name of Mother,* Rachel wing
6. *Mother's Maiden Name,* Rachel gant
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* geo wing
9. *Father's Occupation,* engear ner
10. *Father's Birthplace,* Canbrige md

Name of Medical Attendant, or other Person who makes this Return nilley grass

Address, 12 plum aly

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th Sept 1882
4. *Place of Birth, (Street and Number)* 570 Mulberry St
5. *Full Name of Mother,* Alice D. Hart
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jas E Hart
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Ala

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo H. Lipton MD
#1 Waverley Terrace

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 15361

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
3
1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th Sept 1892
4. *Place of Birth, (Street and Number)* 23 Lemon St
5. *Full Name of Mother,* Annie Codd
6. *Mother's Maiden Name,* Ryan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Codd
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return — Geo H Cox MD

Address, #1 Waverly Terrace

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 4 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 25. 82.
4. Place of Birth, (Street and Number) N. Mathias Alley No 3
5. Full Name of Mother, Mary Falkenhan
6. Mother's Maiden Name, Erhardt
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Johann Falkenhan
9. Father's Occupation, Haartreiber
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolf 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Mulatto

2. *Race or Color, (if not of the white race)* mulatto

3. *Date of Birth,* Sept 25 August 1882

4. *Place of Birth, (Street and Number)* Canton O'Donnell St.

5. *Full Name of Mother,* Louise Shirley

6. *Mother's Maiden Name,* Winder

7. *Mother's Birthplace,* Dorchester Co. Canton

8. *Full Name of Father,* Peter Shirley

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Canton

Name of Medical Attendant, or other Person who makes this Return. A. Shipman.

Address, O'Donnell St. 26.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

Succ 18368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. SEP 27 1882 BALTIMORE

Name: Mary Ann Sebour

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Mädchen. Female
2. *Race or Color, (if not of the white race)* weiß - White
3. *Date of Birth,* d. 25 Sept. 1882. Sept
4. *Place of Birth, (Street and Number)* Canton Elliott St. 133.
5. *Full Name of Mother,* Johanna (~~Siebor~~) Sebour
6. *Mother's Maiden Name,* (~~Siebert~~) Seibert
7. *Mother's Birthplace,* Canton
8. *Full Name of Father,* Nicholas (~~Nickoulous~~) (~~Siebor~~) Sebour
9. *Father's Occupation,* Handarbeiter. Handwerker
10. *Father's Birthplace,* Canton.

Name of Medical Attendant, or other Person who makes this Return. A. Rimmen.

Address, O'Donnell St. 26.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1892 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 Sept 1892
4. *Place of Birth, (Street and Number)* 110 S. Caroline St
5. *Full Name of Mother,* Rachel Chapman
6. *Mother's Maiden Name,* Rachel Moffett
7. *Mother's Birthplace,* Camden S.C.
8. *Full Name of Father,* Charles Chapman
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Charlestown S.C

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles.

Address, 136 South Caroline St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 25, 1882.
4. Place of Birth, (Street and Number) Duncan Aly No 65.
5. Full Name of Mother, Caroline V. Adams.
6. Mother's Maiden Name, Caroline V. Holt.
7. Mother's Birthplace, Balto City
8. Full Name of Father, Samuel Adams
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

SEP 27 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. *Sex, (state whether male or female)*	female child
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	22 September 1882
4. *Place of Birth, (Street and Number)*	19 Wilcox St Baltimore
5. *Full Name of Mother,*	Mary Kelly
6. *Mother's Maiden Name,*	Mary Kelly
7. *Mother's Birthplace,*	Saint Mary's Co Md
8. *Full Name of Father,*	William Kelly
9. *Father's Occupation,*	waterman
10. *Father's Birthplace,*	Saint Mary's Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E Jones
Address,	607 Wilcox St
Remarks,	Baltimore Md

OCT 24 1882 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Mail

NOV 22 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Georgy A wilumes was

1. *Sex, (state whether male or female)* Bornd September 25 1882
2. *Race or Color, (if not of the white race)* Juler A wilumes
3. *Date of Birth,* Bornd Febewary 21 1854 from and
4. *Place of Birth, (Street and Number)* elicke wilumes oysters
5. *Full Name of Mother,* shucker live ~~mom~~ no 26 ohio
6. *Mother's Maiden Name,* avnew amie jonsion 80
7. *Mother's Birthplace,* plum aliey
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 26th 1892
4. *Place of Birth, (Street and Number)*	196 Harford Ave
5. *Full Name of Mother,*	Louisa Brumble
6. *Mother's Maiden Name,*	Harris
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm Brumble
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace.*	Balto
Name of Medical Attendant, or other Person who makes this Return	M B Billingslea
Address,	2216 E Preston st
Remarks,	

HEALTH DEPARTMENT NOV 23 1892 BALTIMORE

BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18374

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 26 1882
4. *Place of Birth, (Street and Number)* 108 Burgundy alley
5. *Full Name of Mother,* Sara Strickland
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Thomas Strickland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 11 Burgundy alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 58378

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. September 27th 1882.

SEP 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* September 26th 1882.
4. *Place of Birth,* (Street and Number) 122 Canton
5. *Full Name of Mother,* Henriette Birkholz
6. *Mother's Maiden Name,* Henriette Lehmann.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Birkholz
9. *Father's Occupation,* Beer Brewer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arend.

Address, No. 872 S. Wolfe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 18376

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 28 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sept. 26. 1882
4. *Place of Birth* (Street and Number)	237 Mulberry st
5. *Full Name of Mother*	Rebecca E. Koons
6. *Mother's Maiden Name*	Fisher,
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Andrew Koons,
9. *Father's Occupation*	Commissioner Mech.
10. *Father's Birthplace*	York, Pa
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ryle M.D
Address	247 Fawn
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH № 8377

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 28 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept — 26th 1882

4. *Place of Birth, (Street and Number)* No 332 W Lombard

5. *Full Name of Mother,* Magdalina Franke

6. *Mother's Maiden Name,* Magdalina Sauer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Franke

9. *Father's Occupation,* Confectioner

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Jno Hillegas

Address, 182 E Monument st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 26th 1882
4. *Place of Birth, (Street and Number)*	43 Randall St
5. *Full Name of Mother,*	Amelia Cook
6. *Mother's Maiden Name,*	Amelia Holmes
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo. E. Cook
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook MD
Address,	140 Harrison St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The second
1. *Sex, (state whether male or female)*	A female
2. *Race or Color, (if not of the white race)*	The white race
3. *Date of Birth,*	26 September
4. *Place of Birth, (Street and Number)*	48 Montgomery St
5. *Full Name of Mother,*	Lizzie Dresel
6. *Mother's Maiden Name,*	Lizzie Recton.
7. *Mother's Birthplace,*	Hanover
8. *Full Name of Father,*	George Dresel
9. *Father's Occupation,*	Glass Cutter
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Rath Münch
Address,	1 Leadenhall St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 18380

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 6

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* sept 26th
4. *Place of Birth,* (*Street and Number*) No 24 clement st 7th
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,* Mary Skully
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* James H Brown
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Maggie Elliot

Address, No 13 Cuba st Locust point

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18381

CERTIFICATE CORRECTED 1-10-55

To the Office of Registrar of Vital ~~Statistics~~, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

NAME: ABRAHAM SUSMAN

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 26 1882
4. Place of Birth, (Street and Number) #20 Thames St
5. Full Name of Mother, Ellen (~~Soopmann~~) SUSMAN
6. Mother's Maiden Name, Samuel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry (~~Susperman~~) SUSMAN
9. Father's Occupation, Oyster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return: Mrs Louise Kraft

Address, 236 Canton Ave

Remarks,

within six da... of birth, sex, and color of the child or children born, its or their physical co... ill-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 26 1882
4. *Place of Birth, (Street and Number)* 212 N Wolfe St
5. *Full Name of Mother,* Ellen C Elgert
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Elgert
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Dorcy St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* mail
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* the 26 September 1882
4. *Place of Birth, (Street and Number)* Howard St 270
5. *Full Name of Mother,* Jane Seven
6. *Mother's Maiden Name,* Jane Anderson
7. *Mother's Birthplace,* Calvert Cantee
8. *Full Name of Father,* Alexe Seven
9. *Father's Occupation,* Fraber in man
0. *Father's Birthplace,* par farmer

Name of Medical Attendant, or other Person who makes this Return Lucy Sidney

Address, 1 to Pepper Avenue

Remarks,

...hat any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...dvise at the birth of any child, within the City of Bal... shall report to the registrar aforesaid. ...thereafter, stating distinctly the dat... ...tion whether ...

...O., CITY PRINTERS AND STATIONERS

40

RETURN OF A BIRTH.

5834

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	19 of September
4. Place of Birth (Street and Number)	26 Raborg street
5. Full Name of Mother	Hester Ann Johnson
6. Mother's Maiden Name	Hester Ann Jones
7. Mother's Birthplace	Frederick Maryland
8. Full Name of Father	Daniel Johnson
9. Father's Occupation	Waiter
10. Father's Birthplace	Fredicks Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address	212 Dover Street
Remarks	Fine Healthy child both doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5385

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* very bright colar
3. *Date of Birth* 26 th
4. *Place of Birth (Street and Number)* 6 george st
5. *Full Name of Mother* henereta piper
6. *Mother's Maiden Name* henereta parks
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Richard piper
9. *Father's Occupation* ~~x~~ton
10. *Father's Birthplace* Martinsburg Va

Name of Medical Attendant, or other Person who makes this Return. L Somerville

Address 13 Clinton ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* born on the 26th of Sept. 1882
4. *Place of Birth, (Street and Number)* 3 Brown's Lane
5. *Full Name of Mother,* Caroline Carnshaw
6. *Mother's Maiden Name,* C. Bialer
7. *Mother's Birthplace,* born in England
8. *Full Name of Father,* Daniel Carnshaw
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* born in England

Name of Medical Attendant, or other Person who makes this Return Mrs. Miller

Address, 107 W. Pratt St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ordinances of the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 26, 1882.
4. *Place of Birth, (Street and Number)* S. Caroline St. No 98.
5. *Full Name of Mother,* Caroline Lange
6. *Mother's Maiden Name,* Caroline Reichardt
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Hermann Lange
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 28 1932 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* [redacted]
3. *Date of Birth,* Sept. 26th
4. *Place of Birth, (Street and Number)* No. 30 Pearl st.
5. *Full Name of Mother,* Emma Dietrich
6. *Mother's Maiden Name,* Emma Eiermann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. W. Dietrich
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Dudley

Address, No. 60 W. Shroeder st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 16389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1882
BALTIMORE, MD.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, ~~2*d*, 3*d*, &c.~~) .....

1. *Sex*, (*state whether* ~~male~~ *or female*) .....
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth*, Sept 26, 1882
4. *Place of Birth*, (*Street and Number*) 611 N. Gay St.
5. *Full Name of Mother*, Virginia Wheeler
6. *Mother's Maiden Name*, " Brinly
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, John F Wheeler
9. *Father's Occupation*, Stone Cutter
10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return Dr W White to
Mrs J N Broadway

Address, ...

Remarks, ...

© DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) nelley lanval wornd

1. *Sex, (state whether male or female)* 26 september 1882
2. *Race or Color, (if not of the white race)* femail hatty lanvail
3. *Date of Birth,* Bornd julie 22 1858 Bornd sumer
4. *Place of Birth, (Street and Number)* set Md no 26 ohio avnew
5. *Full Name of Mother,* tome lanval shocks
6. *Mother's Maiden Name,* oysters 26 ohio avnew
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

NOV 22 1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

No 1391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 26
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 the of September 1882.
4. *Place of Birth, (Street and Number)* No 10 Montrose Street
5. *Full Name of Mother,* Henriette Herzog
6. *Mother's Maiden Name,* Henriette Friedlein
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Friedrich Herzog
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germanie

Name of Medical Attendant, or other Person who makes this Return Mrs. Demler 60 North Schroeder St

Address,

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 8392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29 September
4. *Place of Birth, (Street and Number)* W 14 Parrish alley
5. *Full Name of Mother,* Lottie Bush
6. *Mother's Maiden Name,* Nattie Hill
7. *Mother's Birthplace,* Petersburg Va
8. *Full Name of Father,* James Bush
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, No 17 W Pratt St

Remarks, Baltimore Md

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Ch
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 27th 1892
4. *Place of Birth, (Street and Number)*	574 Aisquith st
5. *Full Name of Mother,*	Sarah Smith
6. *Mother's Maiden Name,*	Livingston
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Walter Smith
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return	M B Billingslea
Address,	2156 E Preston st
Remarks,	

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18394

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	4 Ch.
1. *Sex,* (*state whether male or female*)	male
2. *Race or Color,* (*if not of the white race*)	white
3. *Date of Birth,*	Sep 27 th 1882
4. *Place of Birth,* (*Street and Number*)	Genesee st near York rd
5. *Full Name of Mother.*	Mary F. Winchester
6. *Mother's Maiden Name,*	~~Per~~ Singleton
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo. W. Winchester
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Kentucky
Name of Medical Attendant, or other Person who makes this Return	Dr B Billingslea
Address,	256 E Pratt st
Remarks.	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18395

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4th Child
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Sept 27 — 1882
4. *Place of Birth*, (*Street and Number*)	250 Hanover st.
5. *Full Name of Mother*,	Louise Gathe
6. *Mother's Maiden Name*,	Gathe
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	Walter Gathe
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwaesser midwife
Address,	330 Hanover st.
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	September 27th 1882
4. *Place of Birth, (Street and Number)*	~~#~~ 223 S. Caroline St
5. *Full Name of Mother,*	Mary Lisa ~~Thomas~~ Wallace
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Wallace
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sep 28

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth 27th Sept 1802
4. Place of Birth (Street and Number) No 2 Hamilton St
5. Full Name of Mother Octavia Lampson
6. Mother's Maiden Name Octavia Johnson
7. Mother's Birthplace Richmond Co. Va
8. Full Name of Father Isiah Lampson
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. [illegible] Murdoch M D

Address

Remarks 80 Read St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 18398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1826

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (if not of the ~~white~~ race)
3. *Date of Birth* September 27 1882
4. *Place of Birth* (Street and Number) No 24 Marris Alley
5. *Full Name of Mother* Elas Chasley
6. *Mother's Maiden Name* Elas Gilpin
7. *Mother's Birthplace* Richmon V. A.
8. *Full Name of Father* Josephus Chasley
9. *Father's Occupation* a Watir
10. *Father's Birthplace* Baltimar Md

Name of Medical Attendant, or other Person who makes this Return. Philbrick Md

Address No 36 Davis St Baltimore City

Remarks born

RETURN OF A BIRTH. 18399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 6 1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 27th 1882
4. *Place of Birth (Street and Number)* 239 Hanover St
5. *Full Name of Mother* Annie Moran
6. *Mother's Maiden Name* Annie Grayson
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Samuel Moran
9. *Father's Occupation* Postman
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. Shimer MD

Address 41 N. Carey St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 11402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	September 27th. 1882.
4. *Place of Birth*, (*Street and Number*)	No. 362. E. Madison St.
5. *Full Name of Mother*,	Virginia Lancaster
6. *Mother's Maiden Name*,	Virginia Ogrlove.
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Isaac Lancaster
9. *Father's Occupation*,	Firm of a Shipping Office
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No. 185. S.E. cor. Central ave. & Monument St.
Remarks,	All Well.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58401

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male and female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 24 of September
4. *Place of Birth, (Street and Number)* free mount St 163
5. *Full Name of Mother,* Mary Sneeds
6. *Mother's Maiden Name,* Wangers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Sneeds
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wiel So

Address, Cross St 138

Remarks,

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 27/82
4. Place of Birth (Street and Number)	85 Penna Ave
5. Full Name of Mother	Bessie
6. Mother's Maiden Name	Fail
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edgar F. W. Spies
9 Father's Occupation	By grocer Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno H Smith M D
Address	281 S. Charles St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

17403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Jan 24

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 27 1882

4. *Place of Birth, (Street and Number)* No 59 William Street

5. *Full Name of Mother,* Kate Hayden

6. *Mother's Maiden Name,* Kate Linkle

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Benjamin Hayden

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Northumberland Co. Pa

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 23 Patapsco Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58404

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 37th Sept. 82
4. *Place of Birth, (Street and Number)* No. 352 Cross Street
5. *Full Name of Mother,* Bertha Müller
6. *Mother's Maiden Name,* Hartwig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fried. Müller
9. *Father's Occupation,* Schoemacker
10. *Father's Birthplace,* Borussia. Preussen

Name of Medical Attendant, or other Person who makes this Return Marie Kroh

Address. 328 S. Eutaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 27/82
4. *Place of Birth, (Street and Number)* 173 Penna Ave
5. *Full Name of Mother,* Mary V Sauerland
6. *Mother's Maiden Name,* Mary V Monroe
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Alex P. Sauerland
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J. Miller MD

Address, 188 Franklin

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18406

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 27th, 1882
4. *Place of Birth, (Street and Number)* No. 176 Northern Avenue (B. Av.)
5. *Full Name of Mother,* Mrs. Elma J. Scoggins
6. *Mother's Maiden Name,* Miss E. J. Myers
7. *Mother's Birthplace,* York, Pa.
8. *Full Name of Father,* Mr. Joseph C. Scoggins
9. *Father's Occupation,* Machanic
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendenin M.D.

Address, No. 102 N. Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18407

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child 1882

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of September
4. *Place of Birth, (Street and Number)* 431 Alicanna st
5. *Full Name of Mother,* Mary Morrison
6. *Mother's Maiden Name,* Forgaty
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Michel Morrison
9. *Father's Occupation,* Labora
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other Person who makes this Return Mrs Wily

Address, 1812 Patterson Park

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of September 1882
4. *Place of Birth, (Street and Number)* 48 Eric St
5. *Full Name of Mother,* Maggie Bottles
6. *Mother's Maiden Name,* " Dommeyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Cohmrod Bottles
9. *Father's Occupation,* Sabora
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks, Called in Doctor Gately

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 Sept.
4. *Place of Birth, (Street and Number)* 139 Forrest st
5. *Full Name of Mother,* Luisa Storts
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Sylvester Storts
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Baaden Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Albig

Address, 48 Holland St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 28th 1882
4. *Place of Birth, (Street and Number)* 16 N. Amity Street
5. *Full Name of Mother,* Mrs Mary Collins
6. *Mother's Maiden Name,* Miss Mary Hynes
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Collins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other Person who makes this Return Mrs Dunlee.

Address, No 60 Schroeder St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Femal
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 28th, 3 25 A.M. 1882
4. *Place of Birth (Street and Number)* 327 N Caroline
5. *Full Name of Mother* Eliza A. Gap
6. *Mother's Maiden Name* Eliza A Graham
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* David W. Gap
9. *Father's Occupation* Wholesal Stationary
10. *Father's Birthplace* ~~Balto. City~~ Virginia

Name of Medical Attendant, or other Person who makes this Return. James E. Dwinelle M.D.

Address 299 E Baltimore St.

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18412

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sept. 28th 1882
4. *Place of Birth, (Street and Number)*	246 Mount's St.
5. *Full Name of Mother*	Emma V. Pierson
6. *Mother's Maiden Name*	Kingsmarth
7. *Mother's Birthplace*	Pa
8. *Full Name of Father*	Wm Pierson
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	N. J.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre
Remarks	

RETURN OF A BIRTH

58413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 28th 1882.
4. *Place of Birth, (Street and Number)* No. 217. Madison ave.
5. *Full Name of Mother,* Anna Morman.
6. *Mother's Maiden Name,* " " Heck.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* August Morman.
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Anne Lindner

Address, Ave. S. Monroe, Ft

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58414

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 28th
4. *Place of Birth, (Street and Number)* Lemon st 47
5. *Full Name of Mother,* Lizeboth Hermann
6. *Mother's Maiden Name,* Lizeboth Nidrick
7. *Mother's Birthplace,* Germanny
8. *Full Name of Father,* Charles Hermann
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Germanny

Name of Medical Attendant, or other Person who makes this Return M. of Lemon

Address, 435 W. McHenry st

Remarks, Fine healthy child

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58415

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	September 28th. 1882
4. Place of Birth (Street and Number)	#222 S. Durham St
5. Full Name of Mother	Sena Beck
6. Mother's Maiden Name	Sena Kruch
7. Mother's Birthplace	Germany
8. Full Name of Father	John Beck
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John A. Rehberger, M.D.
Address	#243 Alice Anna St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

S 8416

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sept 23. 1882. 4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September. 23th.
4. Place of Birth (Street and Number)	Saratoga st. 246
5. Full Name of Mother	Elizabeth Roy
6. Mother's Maiden Name	Elizabeth Smith
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	James Roy
9. Father's Occupation	Porter
10. Father's Birthplace	Caroline County Va.
Name of Medical Attendant, or other Person who makes this Return.	E Bias
Address	Biddle st 277
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 28 ~~th~~ Sept
4. *Place of Birth, (Street and Number)* Leaden Hall St
5. *Full Name of Mother,* Judy Johnson
6. *Mother's Maiden Name,* ~~&~~ King
7. *Mother's Birthplace,* Kent Island
8. *Full Name of Father,* Isaac Johnson
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace.* Kent Island

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Road St 138

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 28th. 1882.
4. *Place of Birth, (Street and Number)* No. 5. E. Monument St.
5. *Full Name of Mother,* Annia Milen
6. *Mother's Maiden Name,* Annia Kehler
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Milen
9. *Father's Occupation,* Garbage Cart driver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S. E. cor. Centrel av. & Monument St.

Remarks, All Well.

Officer Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 2
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 28 Sept
4. *Place of Birth, (Street and Number)* Warner St 184
5. *Full Name of Mother,* Anna Robison
6. *Mother's Maiden Name,* Cake
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* george Robison
9. *Father's Occupation,* Brickyard
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross St 138

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 18420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH
OCT 4 1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 September 1882
4. *Place of Birth (Street and Number)* 330 N Broadway
5. *Full Name of Mother* Mary Agnes Wilds
6. *Mother's Maiden Name* Stribel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Clay Wilds
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Diffenderffer MD

Address High St

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58421

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 28th 1882
4. *Place of Birth, (Street and Number)* Byrd st no number
5. *Full Name of Mother* Susie Messer
6. *Mother's Maiden Name* Susie Kuhn
7. *Mother's Birthplace* Gamany
8. *Full Name of Father* Fredrich Messer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Gamany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address No 18 Byrd st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58422

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ad

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 28 1882
4. *Place of Birth, (Street and Number)* Hanover st 726
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Dengert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Meier
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hermann

Address No 18 Byrd street

Remarks Not Married

RETURN OF A BIRTH 18423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28: 1882
4. *Place of Birth, (Street and Number)* 204 Madison Ave
5. *Full Name of Mother,* Mary Wesmith
6. *Mother's Maiden Name,* " Kohlcopke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wesmith
9. *Father's Occupation,* Hucster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return P. B. Williams

Address, 201 Madison Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58424

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 28th
4. *Place of Birth, (Street and Number)* No 97 Granby St.
5. *Full Name of Mother,* Maggie Connors
6. *Mother's Maiden Name,* " " Kehoe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Danual Connors
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5 84 25

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* m
2. *Race or Color, (if not of the white race)* w
3. *Date of Birth,* Sept 28th 4.10 a m
4. *Place of Birth, (Street and Number)* 451 N. Stricker St
5. *Full Name of Mother,* Mary E. C. Gundersdorf
6. *Mother's Maiden Name,* Rappold
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chris L Gundersdorf
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return R. Winslow Mtr

Address, 201 W. Biddle St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58426

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* Sept. 28th 1882
4. *Place of Birth,* (*Street and Number*) 708 Light St
5. *Full Name of Mother,* Rosa Beirman
6. *Mother's Maiden Name,* " Sober
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Otto Beirman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Gregg Sheetzer M.D.

Address, 11 S. High St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58427

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th Sept '82
4. *Place of Birth, (Street and Number)* 163 Stricker
5. *Full Name of Mother,* Mary E. Doyle
6. *Mother's Maiden Name,* Mary E. Quinn
7. *Mother's Birthplace,* New Brunswick
8. *Full Name of Father,* John Doyle
9. *Father's Occupation,* Telegrapher
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other Person who makes this Return J. Miller M.D.

Address, 188 Baulkin

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18428

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st Child
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	Sept 28th 1882
4. *Place of Birth,* (*Street and Number*)	No 71½ Hanover st.
5. *Full Name of Mother,*	Anna Opitz
6. *Mother's Maiden Name,*	Rodewich
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Charles Opitz
9. *Father's Occupation,*	Jewelry case maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lohrmeyer Midwife
Address,	390 Hanover st
Remarks,	

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 38429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 28th 1882

4. *Place of Birth, (Street and Number)* No 170 S. Durham st

5. *Full Name of Mother,* Mary Bauer

6. *Mother's Maiden Name,* " Reiter

7. *Mother's Birthplace,* City

8. *Full Name of Father,* George Bauer

9. *Father's Occupation,* Saloon

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address, 120 Bank st.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5/24/30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 26th Sept

4. *Place of Birth, (Street and Number)* No 168 S. Fremont St

5. *Full Name of Mother,* Amelia Funk

6. *Mother's Maiden Name,* Amelia Jeafer

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Henry Funk

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Miss Conway

Address.

Remarks.

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29th 1882
4. *Place of Birth, (Street and Number)* No 332 N Gay st
5. *Full Name of Mother,* Mary Hekel
6. *Mother's Maiden Name,* Mary Rothhaupt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Gottlieb Henkel
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Jaena Hillegeist

Address, 182 E Monument st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

5430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th Sep
4. *Place of Birth, (Street and Number)* No. 168. Hamburg St
5. *Full Name of Mother,* Amelia Funk
6. *Mother's Maiden Name,* Amelia Jeafer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Funk
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Miss Conway

Address.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29th 1882
4. *Place of Birth, (Street and Number)* No 332 N Gay st
5. *Full Name of Mother,* Mary Hekel
6. *Mother's Maiden Name,* Mary Rothhaupt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Gottlieb Henkel
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Joena Hilligeist

Address, 182 E Monument st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. D. DOLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5 82/232

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	29th Sept
4. Place of Birth (Street and Number)	116 Ty Son St
5. Full Name of Mother	Laura Francies Reaster Grooms
6. Mother's Maiden Name	Laura Francies Reaster
7. Mother's Birthplace	Baltimore county
8. Full Name of Father	James Henry Grooms
9. Father's Occupation	Draymans
10. Father's Birthplace	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Anni Johnson 72 Tyson St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

584 33

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 29 September
4. *Place of Birth, (Street and Number)* 72 E. Lumbard street
5. *Full Name of Mother,* Hariette Nutamaker
6. *Mother's Maiden Name,* Gollaway
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Nutamaker
9. *Father's Occupation,* Traveler
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Sarah Carper

Address, 72 E. Lumbard street

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No 14434

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: George Hugo Goldschmidt

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2/
1. *Sex*, (state whether male or female)	Male
2. *Race or ~~Color~~*, (if not of the white race)	
3. *Date of Birth*,	29 September
4. *Place of Birth*, (Street and Number)	730 Fayette street
5. *Full Name of Mother*	Rosa ~~Goldsmith~~ Goldschmidt
6. *Mother's Maiden Name*,	Gantell
7. *Mother's Birthplace*,	Germany Goldschmidt
8. *Full Name of Father*,	Herman ~~Goldsmith~~
9. *Father's Occupation*,	Barber
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Capper
Address,	72. E. Lumbard street.
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 11435

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday September 29th
4. *Place of Birth, (Street and Number)* 169 Portland St
5. *Full Name of Mother,* Annie Pelton
6. *Mother's Maiden Name,* Annie Jones
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Pelton
9. *Father's Occupation,* Porter
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Emily Holmes - Midwife

Address, 33 Penn St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

17436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept. 29th
4. Place of Birth (Street and Number)	85 Aisquith St.
5. Full Name of Mother	Emily Young
6. Mother's Maiden Name	Emily Dorsey
7. Mother's Birthplace	Howard Co. Md.
8. Full Name of Father	John W. Young
9. Father's Occupation	Coachman
10. Father's Birthplace	Howard Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall M.D.
Address	262 Sharp St.
Remarks	

Penalty. *Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 58437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 29. 1882
4. *Place of Birth, (Street and Number)*	429 Eager St
5. *Full Name of Mother,*	Mary L Lobbe
6. *Mother's Maiden Name,*	Muth
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. H Lobbe
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	286 N. Donogh st
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 21 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fift / 5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 29th 1882
4. *Place of Birth, (Street and Number)*	No 11. Barnes Str.
5. *Full Name of Mother,*	Marie Kstalik
6. *Mother's Maiden Name,*	" Kučera
7. *Mother's Birthplace,*	Třítež Bohemia
8. *Full Name of Father,*	John Kstalik
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Třítež Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20, Barnes Str
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S8439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 29 '82
4. *Place of Birth, (Street and Number)*	278 McDonogh St
5. *Full Name of Mother,*	Emma L Benner
6. *Mother's Maiden Name,*	Waters
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benj L Benner
9. *Father's Occupation,*	Car Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Atwell
Address,	286 Mc Donogh St
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29 1882
4. *Place of Birth, (Street and Number)* 74 Castle
5. *Full Name of Mother,* Joseph Adams
6. *Mother's Maiden Name,* Jos Brisa
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Adams
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Charles

Remarks,

Record of Vital Statistics in the Ci

any physician, accoucheur, midwife, or other person in charge, ... the birth of any child, within the City of Baltimore, shall report to the registrar ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or ch... born, its or their physical condition, whether still-born or not, the full name, nativity, and reside... of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 58441

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth* Sep. 29th 1882
4. *Place of Birth, (Street and Number)* Light st. 663.
5. *Full Name of Mother* Kate Welsh
6. *Mother's Maiden Name* " " Gage
7. *Mother's Birthplace* State Md.
8. *Full Name of Father* James G. Welsh
9. *Father's Occupation* Labor Man.
10. *Father's Birthplace* State Md

Name of Medical Attendant, or other Person who makes this Return. Annie Geems

Address 634 Light st

Remarks

"That ... the date of birth ... x, ... advise a ... rn or not, the full name, nativity, condition, which ... ch child or children. name of the mother ...

RETURN OF A BIRTH 11442

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th 6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 29 of Sept 1882
4. *Place of Birth, (Street and Number)*	No 251 Lombard ave
5. *Full Name of Mother,*	Anne Selanger
6. *Mother's Maiden Name,*	Anne Vogel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Vogel
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs Christina Sauer
Remarks,	173 Hanover ave.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 2 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Male
3. *Date of Birth,* the 29 Sep. 1880
4. *Place of Birth, (Street and Number)* No. 324. Fore St
5. *Full Name of Mother,* Barbara Sebel
6. *Mother's Maiden Name,* Barbara Junk
7. *Mother's Birthplace,* Jerg. County
8. *Full Name of Father,* Jerg Jones
9. *Father's Occupation,* Realrates
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Christina Lauer

Remarks, 1st Harfer [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 29 of Sep 1880
4. *Place of Birth, (Street and Number)* No 311 Tales St.
5. *Full Name of Mother,* Helana Albraght
6. *Mother's Maiden Name,* Helana Langheat
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Sebastian Langheat
9. *Father's Occupation,* Talery
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Jones

Remarks, 117 Hoffman 125

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18445

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male (Louis George August Gathemann

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 29th 1882

4. *Place of Birth, (Street and Number)* No 21 McCeldery st

5. *Full Name of Mother,* Amelia Gatheman

6. *Mother's Maiden Name,* Amelia Dunklage

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ludwig Gatheman

9. *Father's Occupation,* machinist

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address, 182 E Monument st

Remarks, Full name of child added by his lawyer, upon applying for a transcript. Correct spelling of surname "Gathemann". Frank J. Spencer

Sig. J. C. Wehrs June 1/1/26

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18446

OCT 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29 of September 1882
4. Place of Birth (Street and Number) Greenmount Ave
5. Full Name of Mother Julia Kuhnaut
6. Mother's Maiden Name Julia Kuhnaut
7. Mother's Birthplace Germany Baltimore
8. Full Name of Father John Steddeberg
9. Father's Occupation Tailor
10. Father's Birthplace in Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mary Ward Webster Row No 4

Remarks

RETURN OF A BIRTH.

58447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth Sept. 29th 1882
4. Place of Birth (Street and Number) No. 9 Clinton Ave.
5. Full Name of Mother Susie Dorsey
6. Mother's Maiden Name " (Unknown)
7. Mother's Birthplace Carroll Co. Md.
8. Full Name of Father Charles Dorsey
9. Father's Occupation Laborer
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

...ess of the Board of Health to secure ...

...ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September the 29 1882
4. *Place of Birth, (Street and Number)* Vincent Alley No 16
5. *Full Name of Mother,* Marrier Le Moore
6. *Mother's Maiden Name,* Marrier Le Stewart
7. *Mother's Birthplace,* Brownsville Co Va
8. *Full Name of Father,* Joseph H Moore
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Caroline Anderson

Address, Vincent Alley No 16

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

58449

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child

1. *Sex (state whether ~~male~~ or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 29th 11th P.M. 1882
4. *Place of Birth (Street and Number)* 84 S. Broadway
5. *Full Name of Mother* Lizzie Frank
6. *Mother's Maiden Name* Lizzie Rice
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Moses T. Frank
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D.

Address 291 E. Baltimore St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 29/82.
4. *Place of Birth, (Street and Number)* 109 N. Pine St.
5. *Full Name of Mother* Caroline J. Spicker
6. *Mother's Maiden Name* Thiemeyer.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Charles H. Spicker
9. *Father's Occupation* Teacher.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Rotterhoff M.D.

Address 205 W. Biddle St.

Remarks

RETURN OF A BIRTH 58457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 29th 1882
4. *Place of Birth, (Street and Number)*	174 Lee St
5. *Full Name of Mother,*	Jane E. Smith
6. *Mother's Maiden Name,*	Jane E. Hutchings
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	H. H. Smith
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook
Address,	148 S Eaton St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18492

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Sept 30th 1882.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29th 1882.
4. *Place of Birth, (Street and Number)* 382 New Alice Ann St.
5. *Full Name of Mother,* Mary King
6. *Mother's Maiden Name,* Mary Heishmann
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George King
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 131 South Wolfe St

Remarks, 47

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18453

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d or Child

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 29th Sept 82.

4. *Place of Birth, (Street and Number)* No 128 Conway St.

5. *Full Name of Mother,* Anna Engelbach

6. *Mother's Maiden Name,* Schmidt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Georg Engelbach

9. *Father's Occupation,* Basketmaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Marie Krok.

Address, 323 S. Eutaw St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 29th 1882
4. *Place of Birth, (Street and Number)* No 81 Hudson St
5. *Full Name of Mother,* Maggeretha Berner
6. *Mother's Maiden Name,* " Eisenroth
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Berner
9. *Father's Occupation,* Segar maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58455

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of September 1882
4. *Place of Birth, (Street and Number)* 53 Luzerne st
5. *Full Name of Mother,* Annie Krug
6. *Mother's Maiden Name,* [illegible] Shimmich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Krug
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return Mrs. Miley

Address, No 12 Pattonsh Carlisle

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 29 of Sept 1882
4. Place of Birth (Street and Number) N. 211 N. Bond St Balto,
5. Full Name of Mother Josefi Lipa,
6. Mother's Maiden Name Josefi Pazourek,
7. Mother's Birthplace Bohemia
8. Full Name of Father John Lipa.
9. Father's Occupation Laberer
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. Kateryna Pazourek

Address N. 41 Abbott S

Remarks Born Live

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1845

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 30th 1881

4. Place of Birth (Street and Number) 79 Division St.

5. Full Name of Mother Mary

6. Mother's Maiden Name Mary Fletcher

7. Mother's Birthplace Virginia

8. Full Name of Father William O'Mara

9. Father's Occupation Policeman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Lilas Baldwin

Address 152 Townsend St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

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RETURN OF A BIRTH

58458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 30
4. *Place of Birth, (Street and Number)* 75 Penna. Av.
5. *Full Name of Mother,* Mary G. Sturm
6. *Mother's Maiden Name,* " " Henschel
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Hubert Sturm
9. *Father's Occupation,* ~~75 Penna Av~~ Cigar maker Store
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return Anne Lindner

Address, No. 45 S. Monroe St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sept. 30th 1882
4. *Place of Birth, (Street and Number)*	192 S. Eutaw St.
5. *Full Name of Mother,*	Anna Schnibbe.
6. *Mother's Maiden Name,*	" Nosby.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Wm. N. Schnibbe
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other Person who makes this Return	R. J. W. Talbot, M.D.
Address.	152 S. Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* september 30 1882
4. *Place of Birth, (Street and Number)* 33 burgundays alley
5. *Full Name of Mother,* forgina maken
6. *Mother's Maiden Name,* virgina johnson
7. *Mother's Birthplace,* Sausberry Md
8. *Full Name of Father,* daniel maken
9. *Father's Occupation,* Oyster shucker
10. *Father's Birthplace,* Carlbert conty

Name of Medical Attendant, or other Person who makes this Return mary an dorsey

Address, 53 perry street

Remarks, five dollars

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58461

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
25
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Sept 30 1882
4. *Place of Birth, (Street and Number)* No 39 S. Paca st Grand
5. *Full Name of Mother* Lyla Whelan
6. *Mother's Maiden Name* Lola Hammond
7. *Mother's Birthplace* Harford Co Md
8. *Full Name of Father* Fred B Whelan
9. *Father's Occupation* Bank Clerk
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks

RETURN OF A BIRTH 18462

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Sept 20th 1882
4. *Place of Birth, (Street and Number)*	# 11 Douglass st
5. *Full Name of Mother.*	Rachel Williams
6. *Mother's Maiden Name,*	Rachel Williams
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Elias Williams
9. *Father's Occupation,*	Waggoner
10. *Father's Birthplace.*	Glenmore run
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	# 5. Forrest st
Remarks,	

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1846 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 7 1882

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	September 30th 1882,
4. *Place of Birth, (Street and Number)*	148 N Shroeder st,
5. *Full Name of Mother,*	Anna C Spillman,
6. *Mother's Maiden Name,*	Anna C, Wurst,
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John F Spillman
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John B Pennington M.D
Address,	134 N Carrollton Ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58464

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7
1902
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 30 1902
4. *Place of Birth, (Street and Number)* 345 Linden Ave
5. *Full Name of Mother,* Elizabeth Egerton
6. *Mother's Maiden Name,* Elizabeth Wilson
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* Samuel E. Egerton
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September
4. *Place of Birth, (Street and Number)* Oxford road this side Boundary av
5. *Full Name of Mother.* Maggie Kanke.
6. *Mother's Maiden Name.* Maggie Kimmel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kanaph
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return M. A. Bell.

Address, No. 185 S.E. cor. Central av & Monument S

Remarks. All Well.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 30th
4. *Place of Birth, (Street and Number)*	Locust Point
5. *Full Name of Mother,*	Margaret Kelly
6. *Mother's Maiden Name,*	Margaret Cavanaugh
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick, Kelly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Margaret Ettel
Address,	
Remarks,	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 51467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 30, 1882
4. *Place of Birth, (Street and Number)* Bank St. No. 261.
5. *Full Name of Mother,* Amalia Haskel.
6. *Mother's Maiden Name,* Amalia Willey
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Henry Haskel.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, No Dallas St. No 26

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 30, 1882.
4. *Place of Birth, (Street and Number)* Orleans St. No 199.
5. *Full Name of Mother,* Margaretha Rodenberger
6. *Mother's Maiden Name,* Margaretha Kessler
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* John W. Rodenberger
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Carroll County St. Maryland

Name of Medical Attendant, or other Person who makes this Return Mary E. Mullen

Address, N. Dallas St. No 26,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58469

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 30 1882
4. *Place of Birth, (Street and Number)* 218 Bank St
5. *Full Name of Mother,* Mary Funk
6. *Mother's Maiden Name,* Mary Nagel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Funk
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Cherte St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58470

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wenesday nitt
4. *Place of Birth, (Street and Number)* 198 West St
5. *Full Name of Mother,* Mary Ries
6. *Mother's Maiden Name,* Mary Bak
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Casper Ries
9. *Father's Occupation,* Junk Dealar
10. *Father's Birthplace,* Newark N.J.

Name of Medical Attendant, or other Person who makes this Return Kath Munch

Address, 1 Leadenhall St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 1 2 1882 BALTIMORE

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
12
1882
BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 30th 1882
4. *Place of Birth, (Street and Number)*	Highland Town
5. *Full Name of Mother,*	Louisa Schmeiser
6. *Mother's Maiden Name,*	Louisa Volz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Schmeiser
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Jno F Gallagher
Address,	182 E Monument
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

5847 2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	2nd & 1st -
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	"
3. *Date of Birth,*	Sept 30th - 1882
4. *Place of Birth,* (*Street and Number*)	79 Park Av
5. *Full Name of Mother,*	Mary Short -
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Baltimore -
8. *Full Name of Father,*	Jas H - Short -
9. *Father's Occupation,*	Provision dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	E. A. Brown -
Address,	270 Hoffman St
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5847 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 30 1882
4. *Place of Birth, (Street and Number)* No 538 N Gay St
5. *Full Name of Mother,* Mary Schäfer
6. *Mother's Maiden Name,* Mary Geis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Conrad Schäfer
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address, 182 E Monument St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DOLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58474

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 Kind

1. *Sex,* (*state whether male or female*) Bub.
2. *Race or Color,* (*if not of the white race*) Schwarz
3. *Date of Birth,* geboren den 30ten September
4. *Place of Birth,* (*Street and Number*) No 180. Eastern Av
5. *Full Name of Mother,* Ellen Elgott
6. *Mother's Maiden Name,* Gestroben den 24ten Dezember
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robin Elgott
9. *Father's Occupation,* gestroben an die Dresch
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str.

Remarks, Hebamme

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 30th
4. *Place of Birth, (Street and Number)* 121 Spring st
5. *Full Name of Mother,* Mary Geiger
6. *Mother's Maiden Name,* " Kolmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Geiger
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 72 Geary st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

58475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 30th
4. *Place of Birth, (Street and Number)* 121 Spring st
5. *Full Name of Mother,* Mary Geiger
6. *Mother's Maiden Name,* " Kolmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Geiger
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Grant st

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5 8 1 76

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3rd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept 30: 1882
4. *Place of Birth,* (*Street and Number*) 79 Preston st
5. *Full Name of Mother,* Grace Carroll
6. *Mother's Maiden Name,* " Newton
7. *Mother's Birthplace,* ~~Md~~ Alexandria
8. *Full Name of Father,* Geo. H. Carroll
9. *Father's Occupation,* Civil Engineer
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return P. B. Williams

Address, 201 Madison Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (~~state whether male or~~ female)* Mädchen
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dinstag Abend
4. *Place of Birth, (Street and Number)* 4 Rexport St.
5. *Full Name of Mother,* Katherina Katharina Warmuth Warmuth
6. *Mother's Maiden Name,* " " Katharina Langhirt Langhirt
7. *Mother's Birthplace,* Deutschland Germany
8. *Full Name of Father,* Joseph Warmuth Joseph Warmuth
9. *Father's Occupation,* Taglöhner Laborer
10. *Father's Birthplace,* Deutschland Germany

Name of Medical Attendant, or other Person who makes this Return Kath Munch Katharine Minch

Address, Ladenhall St / Ladenhall St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

51478

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) September 30 1882

1. *Sex (state whether male or female)* Elizeth B Keiss Has Give
2. *Race or Color (if not of the white race)* Birth Her Maden Name
3. *Date of Birth* Father of the Child David
4. *Place of Birth (Street and Number)* Wilson alaber both bone
5. *Full Name of Mother* ine baltimor Wose bone
6. *Mother's Maiden Name* Haflt Pas 4 Clacke this
7. *Mother's Birthplace* moning live A boy
8. *Full Name of Father* both are Marid Elizebeth
9. *Father's Occupation* Davis 111 N. Mullagane Street
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Catharine D Corsy

Address No 87 Spring

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

RETURN OF A BIRTH 58479

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3, 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30th Sept. 82
4. *Place of Birth, (Street and Number)* # 297 Cross St.
5. *Full Name of Mother,* Elisabeth Müller
6. *Mother's Maiden Name,* Silg
7. *Mother's Birthplace,* St Louis
8. *Full Name of Father,* Johan Müller
9. *Father's Occupation,* Wathsman
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Marie Kroh

Address, 328 S. Eutaw St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-10-57

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1883 BALTIMORE

Peter Thomas Coleman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.81

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 30th - 1883
4. *Place of Birth, (Street and Number)* No 39 Fallen
5. *Full Name of Mother,* Mary Coleman
6. *Mother's Maiden Name,* Laferty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Coleman
9. *Father's Occupation,* Saw tender
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm. Whitridge

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 5 1451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1892 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	Sept 30th
4. *Place of Birth,* (Street and Number)	No 15 d Greenmount Ave
5. *Full Name of Mother,*	Rose Batchelor
6. *Mother's Maiden Name,*	Lynch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Walter Batchelor
9. *Father's Occupation,*	Night Watchman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

58482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 30th September 1882
4. Place of Birth (Street and Number) 324 Lanvale st
5. Full Name of Mother Annie Jones
6. Mother's Maiden Name Lawton
7. Mother's Birthplace Balt
8. Full Name of Father Jas E. Jones
9. Father's Occupation Salesman
10. Father's Birthplace Dorchester Md

Name of Medical Attendant, or other Person who makes this Return. H W Webster Md

Address 57 Ballard

Remarks

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 5748

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 6 children
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	31 of September
4. *Place of Birth, (Street and Number)*	Little Maxwell between 84
5. *Full Name of Mother*	Roselette Hardy
6. *Mother's Maiden Name*	R[redacted]tter Johnson
7. *Mother's Birthplace*	Bal[redacted]more Md
8. *Full Name of Father*	Henry Hardy
9. *Father's Occupation*	Regular in army
10. *Father's Birthplace*	Bad Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mide Wife
Address	Harriet Brittain
Remarks	18 N Bethel St

RETURN OF A BIRTH

584584

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	September 29 — 1882.
4. *Place of Birth, (Street and Number)*	322 Hoffman st. west
5. *Full Name of Mother,*	Katharina Bittorf
6. *Mother's Maiden Name,*	Katharina Kreis.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Otto Bittorf
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Kunigunda Schlifer
Address,	20 Columbia Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND B. A. FORDE

RETURN OF A BIRTH 58485

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BOARD OF
BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	7th Child
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	Sept 30 ed 1882
4. *Place of Birth,* (*Street and Number*)	No. 95 Guttmans alley
5. *Full Name of Mother,*	Caroline Zimmerman
6. *Mother's Maiden Name,*	Bolz
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Herman Zimmerman
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Schweisser midwife
Address,	330 Hanover st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of its parents, and the maiden name of the mother of such child or children."

Correct record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18486

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1862 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex,* (*state whether male or female*) male Martin
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 30 Sep.
4. *Place of Birth,* (*Street and Number*) 81 Sommerset street
5. *Full Name of Mother.* Clara Brockmeyer
6. *Mother's Maiden Name,* " Peters
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joe Brockmeyer
9. *Father's Occupation,* Moler
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Alby

Address, 78 Holland st

Remarks,

J. D. TULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 8487

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ter Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geburenden 30 ten September
4. *Place of Birth, (Street and Number)* 297 S. Druham Str
5. *Full Name of Mother,* Magdaline Heldwihy
6. *Mother's Maiden Name,* Magdaline Stpinler
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* William Heldwihy
9. *Father's Occupation,* Stiwetor
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 30ten September
4. *Place of Birth, (Street and Number)* No 291 S. Bond Str
5. *Full Name of Mother,* Mary Werneke
6. *Mother's Maiden Name,* Mary Lentz
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* August Werneke
9. *Father's Occupation,* Schuhmacher
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str

Remarks. Hebamme

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Office Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

5 82/89

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. *Sex, (state whether male or female)* Bub

2. *Race or Color, (if not of the white race)* Schwarz

3. *Date of Birth,* geboren den 30ten September

4. *Place of Birth, (Street and Number)* No 176. Eastern Av

5. *Full Name of Mother,* — — —

6. *Mother's Maiden Name,* Sile Crucry

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* — — —

9. *Father's Occupation,* — — —

10. *Father's Birthplace,* — — —

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str.

Remarks, Hdamme

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color,~~ (if not of the white race)*
3. *Date of Birth,* Sep 30, 1882
4. *Place of Birth, (Street and Number)* Ryser & Washington
5. *Full Name of Mother,* Idaa E. Erdman
6. *Mother's Maiden Name,* " Leadley
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John W. Erdman
9. *Father's Occupation,* Milk dealer
10. *Father's Birthplace.* Balto.

Name of Medical Attendant, or other Person who makes this Return W M White, Md

Address, 347 N Broadway

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing 58491 - 58503,
incl.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18104

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 1st 1882

Place of Birth, (Street and Number) No 99 Randall St

Full Name of Mother, Elizabeth Hill

Mother's Maiden Name, Eliza Hart

Mother's Birthplace, Milton Island Md

Full Name of Father, Jesse Hill

9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Balt City Md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton

Address, No 23 [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 1st
4. *Place of Birth, (Street and Number)*	26 Hull St
5. *Full Name of Mother,*	Sarah E ~~Perkins~~ Mead
6. *Mother's Maiden Name,*	Sarah E. Perkins
7. *Mother's Birthplace,*	Washington DC,
8. *Full Name of Father,*	Thaddeus Mead
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Washington DC
Name of Medical Attendant, or other Person who makes this Return	Mrs Maggie Ettel
Address,	#13 Cuba, St. Locust Point
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2d
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. ~~*Date of Birth*~~ Place.	73 Amity
4. ~~*Place of Birth*, (*Street and Number*)~~ Date	Oct. 1. 1882 8 P.M
5. *Full Name of Mother*,	Mary Knell
6. *Mother's Maiden Name*,	Mary McConnell
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Joseph. Knell
9. *Father's Occupation*,	Coal. dealer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A. H. Laslin. M D
Address,	
Remarks,	(Instrumental delivery)

C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1862 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children." Code.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex*, (*state whether male or female*) female Katie
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, 1 October
4. *Place of Birth*, (*Street and Number*) 2 spring alley
5. *Full Name of Mother*, Mary Brandt
6. *Mother's Maiden Name*, Bittner
7. *Mother's Birthplace*, Balt.
8. *Full Name of Father*, Henry Brown
9. *Father's Occupation*, Gardener
10. *Father's Birthplace*, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Albig

Address, 12 Holland

Remarks,

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18508

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 1st
4. *Place of Birth, (Street and Number)*	172 N. Paca St
5. *Full Name of Mother,*	Mary C. Byrne
6. *Mother's Maiden Name,*	Mary C. Myers
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt. P. Byrne
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address,	No. 2 Cathedral St.
Remarks,	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: John Edward Weaver

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Oct. 1st 1882
4. Place of Birth (Street and Number) No. 253 Park Ave.
5. Full Name of Mother Mary Weaver
6. Mother's Maiden Name Mary Jackson
7. Mother's Birthplace Richmond Co. Va.
8. Full Name of Father John Weaver
9. Father's Occupation Mechanic
10. Father's Birthplace Lancaster Co. Va.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sun. Oct 1st 1882
4. *Place of Birth, (Street and Number)* No. 184 Payson St
5. *Full Name of Mother* Christena Hoos.
6. *Mother's Maiden Name* Christena Heinrich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Hoos.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.

Address No. 57 Bantalos St.

Remarks

RETURN OF A BIRTH 18511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female).*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	October 1st 1882.
4. *Place of Birth, (Street and Number)*	218 Franklin St,
5. *Full Name of Mother,*	Mary A McNally,
6. *Mother's Maiden Name,*	Mary A Cook.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Wm P. J. McNally,
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	John S Pennington M.D.
Address,	134 N Carrollton Ave
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 18112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

f Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

x (state whether male or female) Male

ace or Color, (if not of the white race) white race

ate of Birth October the 1st

lace of Birth, (Street and Number) Baltimore Randle St No 24

ull Name of Mother Elizabeth Gorsuch

other's Maiden Name Elizabeth Guess

other's Birthplace Baltimore

ull Name of Father Solomon E Gorsuch

ther's Occupation Carpenter

ther's Birthplace Dorchester Co Md

me of Medical Attendant, or other Person who makes this Return. Elizabeth Kathcart

ddress William St 34th

marks

RETURN OF A BIRTH.

58513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Oct. 1st 1882
4. Place of Birth (Street and Number) 24 Rice St.
5. Full Name of Mother Sarah Franklin
6. Mother's Maiden Name Davis
7. Mother's Birthplace Oldham Co. Kentucky
8. Full Name of Father Robert Franklin
9. Father's Occupation Coachman
10. Father's Birthplace Lexington Va.

Name of Medical Attendant, or other Person who makes this Return. S K Merrick M.D.

Address 209 W Biddle St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58514

OCT 4 1882 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 October
4. *Place of Birth (Street and Number)* Parrish St No 61
5. *Full Name of Mother* Mary Mapel
6. *Mother's Maiden Name* Mary Miller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Mapel
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kraning

Address 60 Parrish St

Remarks

18515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 10 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second — 2

1. *Sex (state whether Male or Female)* Male — M

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Oct. 1st. 1882

4. *Place of Birth (Street and Number)* 46 Wash St. — 46

5. *Full Name of Mother* Mary E. Ray — Mary E.

6. *Mother's Maiden Name* Mary E. Hill — Hill

7. *Mother's Birthplace* Howard Co. Md. — Howard

8. *Full Name of Father* Lewis J. Ray — Lewis J.

9. *Father's Occupation* Blacksmith — Blacksmith

10. *Father's Birthplace* Philadelphia — Phila

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 152 Townsend St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 15516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
10 1
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 1 October
4. *Place of Birth, (Street and Number)* 65 Lombard street
5. *Full Name of Mother,* Fannie Paulena
6. *Mother's Maiden Name,* Elleeror
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sam Paulena
9. *Father's Occupation,* Fireman
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FROM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether~~ male ~~or female~~)
2. Race or Color (~~if not~~ of the white race)
3. Date of Birth 10.1.82
4. Place of Birth (Street and Number) 152 Hanover St
5. Full Name of Mother Dane Nichols
6. Mother's Maiden Name Norris
7. Mother's Birthplace St Mary's Co. Md.
8. Full Name of Father D. B. Nichols
9. Father's Occupation Commission merchant
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. [illegible] Eastman

Address 349 Leret

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Octo. 1st 1882.
4. *Place of Birth, (Street and Number)*	325 Pennsylvania Ave.
5. *Full Name of Mother,*	Mary Hayes
6. *Mother's Maiden Name,*	Forn
7. *Mother's Birthplace,*	Phila. Pa.
8. *Full Name of Father,*	Chas. Hayes
9. *Father's Occupation,*	Dairyman
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	431 Penna. Ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Octr. 1st 1882
4. *Place of Birth, (Street and Number)* 394 N. Gilmor St.
5. *Full Name of Mother,* Mary E. Welsh
6. *Mother's Maiden Name,* Sothoron
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm. H. Welsh jr
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 431 Penna. Ave

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

1832a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Oct 1882
4. Place of Birth, (Street and Number) Balto. Chapel st No 131
5. Full Name of Mother, Sophie Romenda
6. Mother's Maiden Name, Sophie Beranek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos. Romenda
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N. Washington st

Remarks, Mary Koptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 11521

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 1st 1882
4. *Place of Birth, (Street and Number)* N° 426 Light St
5. *Full Name of Mother* Kate Clark
6. *Mother's Maiden Name* Kate Frye
7. *Mother's Birthplace* England
8. *Full Name of Father* Jones Clark
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Flemming

Address N° 18 Byard st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

11122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPARTMENT OF HEALTH
OCT 10 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 1 80
4. *Place of Birth, (Street and Number)* 267 Hughes St
5. *Full Name of Mother,* Adelina Deering
6. *Mother's Maiden Name,* Price
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Henry Deering
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Kool

Address, 228 S. Eutaw St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1512-3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First—

1. *Sex (state whether male or female)* female—
2. *Race or Color, (if not of the white race)* White—
3. *Date of Birth* October 1— 1882
4. *Place of Birth, (Street and Number)* 64 Penna. Avenue
5. *Full Name of Mother* Kate Patterson Wilhelm
6. *Mother's Maiden Name* Balto. City Md
7. *Mother's Birthplace* Clinton Neal Patterson
8. *Full Name of Father* & Clerk
9. *Father's Occupation* Balto. City Md,
10. *Father's Birthplace* Louis W. Knight M.D.

Name of Medical Attendant, or other Person who makes this Return. 112 W. Greene St.

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Albert E Callaghan

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2 Child
1. *Sex*, (*state whether male or female*)	Boy
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Oct 15 1882
4. *Place of Birth*, (*Street and Number*)	247 Conway St
5. *Full Name of Mother*	Maggie Hoburg Callaghan
6. *Mother's Maiden Name*,	Maggie Callahan
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Stephen P ~~Callahan~~ Callaghan
9. *Father's Occupation*,	Brass Molder
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mary Bazaronus
Address,	Russell St No. 96.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 1st 1882
4. *Place of Birth (Street and Number)* 75 E. Biddle Street
5. *Full Name of Mother* Addie Foster
6. *Mother's Maiden Name* Addie McVeigh
7. *Mother's Birthplace* Accomac Co. Va.
8. *Full Name of Father* James Foster
9. *Father's Occupation* Lumber
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address 437 N. Central ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

58526

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 1st 1882
4. *Place of Birth, (Street and Number)* No. 254 N. Eden st
5. *Full Name of Mother,* Elizabeth Wolf
6. *Mother's Maiden Name,* Elizabeth Funk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Wolf
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dena Hilligeist

Address, 182 E Monument st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

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RETURN OF A BIRTH

GIVEN NAME ADDED 12-29-52

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 6 1882 BALTIMORE

Name: James Frederick Shaffer Jr.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Oct. 2nd 1882
4. *Place of Birth,* (*Street and Number*) 171 E Lanvale St
5. *Full Name of Mother,* Sallie Buxton Shaffer
6. *Mother's Maiden Name,* Skinner
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Frederick Shaffer
9. *Father's Occupation,* Bank Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. E. P. Thom, M.D.

Address, 837 E. Baltimore St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58128

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd —

1. *Sex (state whether male or female)* Male —
2. *Race or Color (if not of the white race)* White —
3. *Date of Birth* October 2nd / 82 —
4. *Place of Birth (Street and Number)* East Hoffman St. Balt. —
5. *Full Name of Mother* Annie Warfield —
6. *Mother's Maiden Name* Annie Ramsay —
7. *Mother's Birthplace* Pennsylvania —
8. *Full Name of Father* Gustavus Warfield —
9. *Father's Occupation* Farmer —
10. *Father's Birthplace* Howard Co. Md —

Name of Medical Attendant, or other Person who makes this Return. Latitia Plume, Midwife

Address 409, North Gay St. Balt.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth October 2 - 1882
4. Place of Birth (Street and Number) 68 Millinian St
5. Full Name of Mother Emma J. McNulty
6. Mother's Maiden Name " " Ellis
7. Mother's Birthplace Williamsport Pa
8. Full Name of Father James McNulty
9. Father's Occupation Foreman
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Geo F. Taylor M.D.

Address 222 N. Broadway

Remarks

RETURN OF A BIRTH 15530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 2nd 1892
4. *Place of Birth, (Street and Number)* 59 Division st
5. *Full Name of Mother,* Annie Klose
6. *Mother's Maiden Name,* Annie Dunnuth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Klose
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A Wiesenthal

Address, 846 Penna ave

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2 cd 1882
4. *Place of Birth, (Street and Number)* W. Biddle St. near Greenmount av.
5. *Full Name of Mother,* Henrieta Toucks.
6. *Mother's Maiden Name,* Henrieta Sandle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Toucks.
9. *Father's Occupation,* Baker cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No 185 S. E. cor. Centrel av. & Monument St.

Remarks, All Well

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1, 2 of Other
4. *Place of Birth, (Street and Number)* No 176 Hamburg St
5. *Full Name of Mother,* Maggie Denharth
6. *Mother's Maiden Name,* Maggie Murphey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Denharth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Sabina Crusaber

Address, Noss West St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

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Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1813

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct. 2nd 1882
4. *Place of Birth, (Street and Number)* 173 Montgomery St.
5. *Full Name of Mother* Mary Hoeflich
6. *Mother's Maiden Name* Goebel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Theodore H. Hoeflich
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 54 Aisquith St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

11354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE NOV 4 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 2nd 1882
4. Place of Birth (Street and Number)	156 N. Arlington ave
5. Full Name of Mother	Mrs. Rose Bagwell Tyler
6. Mother's Maiden Name	Walston
7. Mother's Birthplace	Accomac C. H. Va
8. Full Name of Father	John S. Tyler
9. Father's Occupation	Salesman
10. Father's Birthplace	Accomac C. H. Va.
Name of Medical Attendant, or other Person who makes this Return.	Wm W. Mowray M. D.
Address	308 W. Fayette St.
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1 Sept

1. *Sex,* (~~state whether male or~~ female)

2. *Race or Color,* (~~if not of the white race~~) Colored

3. *Date of Birth,* Oct 2nd 1882

4. *Place of Birth,* (Street and Number) 74 Stiles St

5. *Full Name of Mother,* Isabel Fleming

6. *Mother's Maiden Name,* " Dickson

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Joseph Fleming

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. A Trego Shortzer M.D.

Address, 11 S. Stiles St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

58136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	October 2nd 1882
4. *Place of Birth* (Street and Number)	Gilmor St near Cumberland St
5. *Full Name of Mother*	Catherine McCoy
6. *Mother's Maiden Name*	Catherine Murphy
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	William McCoy
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	L. L. Sparrow M D
Address	No 427 N. Stricker St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

58537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 2ten October
4. *Place of Birth, (Street and Number)* No 95 Crappen Str
5. *Full Name of Mother,* — — —
6. *Mother's Maiden Name,* Christine Lutz
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* — — —
9. *Father's Occupation,* — — —
10. *Father's Birthplace,* — — —

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 7 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* mulatto
3. *Date of Birth,* Oct. 2 1882.
4. *Place of Birth, (Street and Number)* Canton O'Donnell N. 19.
5. *Full Name of Mother,* Marie Hut.
6. *Mother's Maiden Name,* Williams Carey.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Jacob Hut
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Daniel Skinner.

Address, O'Donnell N. 26.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2nd, 1882 7 am
4. Place of Birth, (Street and Number) Maternity Hospt. 161 W Lanhard
5. Full Name of Mother, Maggie Tolston
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W R McIntosh Res Phy

Address, Maternity Hospt 161 W Lanhard St

Remarks, Illegitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULARY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

5854A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 2, 1882.
4. Place of Birth, (Street and Number) Chase St. No 454.
5. Full Name of Mother, Margaretha Schoene
6. Mother's Maiden Name, Margaretha Ränker
7. Mother's Birthplace, Angersbach, Gr. Hessen, Germany
8. Full Name of Father, Otto Schoene
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Hermershausen, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 8-25-54

RETURN OF A BIRTH

58541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William George Boettinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 2nd - 1882
4. Place of Birth, (Street and Number) 249 Madison St
5. Full Name of Mother, Mary L. ~~Bonnington~~ Boettinger
6. Mother's Maiden Name, " " Claus
7. Mother's Birthplace, Balto
8. Full Name of Father, G. W. ~~Bonnington~~ Boettinger
9. Father's Occupation, Watch-maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return [illegible] M D

Address, 137 Orleans St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

GIVEN NAME ADDED 8/17/61

18542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Henry Emil Stockhausen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 2 nd 1882

4. Place of Birth, (Street and Number) No 36 E. Pratt st.

5. Full Name of Mother, Anna Stockhausen

6. Mother's Maiden Name, Pfeil

7. Mother's Birthplace, Germany

8. Full Name of Father, Emil Stockhausen

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Cohausen midwife

Address, 330 Hanover st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58543

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct 2nd 1882
4. *Place of Birth, (Street and Number)* No 4 Cumberland St
5. *Full Name of Mother* Annie Baltz
6. *Mother's Maiden Name* Annie Stile
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Edward Baltz
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. H. J. Houck

Address Cor Carey & Preston Sts City

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18544

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Oct 2 1882
4. Place of Birth, (Street and Number) 216 - Division St
5. Full Name of Mother Josephine Eagan
6. Mother's Maiden Name " Roderick
7. Mother's Birthplace Balto County
8. Full Name of Father ~~Ireland~~ Patrick Eagan
9. Father's Occupation Labor
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. J. Houck

Address Cor Carey & Preston Sts City

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 2nd 1882
4. *Place of Birth, (Street and Number)*	42 Eager street
5. *Full Name of Mother,*	Anna Gillon Reynolds
6. *Mother's Maiden Name,*	Anna Gillan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Reynolds
9. *Father's Occupation,*	Hackman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	C B Gamble M D
Address,	5 E Cathedral
Remarks,	

OCT 4 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 2nd 1882

4. *Place of Birth, (Street and Number)* 345. West Pratt. "

5. *Full Name of Mother,* Julia Jennie Dare

6. *Mother's Maiden Name,* Julia A. Meeks

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John R. Dare

9. *Father's Occupation,* Constable & Collector

10. *Father's Birthplace.* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs. Catherine Lubach

Address, 434. West Pratt. "

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

v 8547

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d~~, &c.)

1. *Sex*, (*state whether* ~~male~~ *or female*)
2. *Race or Color*, (*if not of the white race*) Bright Mulato
3. *Date of Birth*, October 2 th 1882
4. *Place of Birth*, (*Street and Number*) 81 Arch st
5. *Full Name of Mother*, Elizbeth Fisher
6. ~~*Mother's Maiden Name*~~,
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Unknown
9. *Father's Occupation*,
10. ~~*Father's Birthplace*~~,

Name of Medical Attendant, or other Person who makes this Return Harriet Thomas

Address, 605 Arch st

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58141

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 4 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 2nd 1882
4. Place of Birth (Street and Number)	Baltimore Hill St. 43
5. Full Name of Mother	Kate Welch
6. Mother's Maiden Name	" Lahey
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Welch
9. Father's Occupation	works in gas house
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	220. Montgomery St. Balt
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

11549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
10
1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	2 October
4. *Place of Birth, (Street and Number)*	13 Thomson street
5. *Full Name of Mother,*	Lizzie Schlang
6. *Mother's Maiden Name,*	Bennet
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theador Schlang
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Cather
Address,	72 E. Lombard street.
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Frederick Burton Charles Tinley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 10.2.82
4. *Place of Birth (Street and Number)* 12 Edmondson ave.
5. *Full Name of Mother* Ella M. Tinley
6. *Mother's Maiden Name* Sparkland
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Fred. Geo. Tinley
9. *Father's Occupation* Manufacturer of Sash Doors &c
10. *Father's Birthplace* Kent Co., England

Name of Medical Attendant, or other Person who makes this Return. Ella M Eastman

Address 849 Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55551

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. October 4th 1882.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 2nd 1882.
4. *Place of Birth, (Street and Number)* 302 Canton Ave.
5. *Full Name of Mother,* R. Jacobs.
6. *Mother's Maiden Name,* R. Tippon.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Jacobs.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend.

Address, No. 137 Wolfe St.

Remarks, —

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 2. 1882
4. Place of Birth (Street and Number)	218 S. Eutaw St
5. Full Name of Mother	Ella Holtz
6. Mother's Maiden Name	Ella DeFries
7. Mother's Birthplace	Virginia
8. Full Name of Father	George Holtz
9. Father's Occupation	Printer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips
Address	327 W Lombard st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, mi[illegible] or other person in charge, who shall attend, assist or advise at the birth of any child, within [illegible]ity of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) mother and child is a live

1. *Sex,* (*state whether male or female*) colord Girl
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* mon Oct 2
4. *Place of Birth,* (*Street and Number*) 139 Dallaz street
5. *Full Name of Mother,* Sophy Banks
6. *Mother's Maiden Name,* Sophy Thomzen
7. *Mother's Birthplace,* Ballarmor Comtty
8. *Full Name of Father,* John Bank
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimor MD

Name of Medical Attendant, or other Person who makes this Return anna Duncson

Address, 122 N Dallaz street

Remarks,

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	mother and child is doing
1. *Sex.* (*state whether male or female*)	a Boy
2. *Race or Color*, (*if not of the white race*)	Colord
3. *Date of Birth*,	mon Oct 2
4. *Place of Birth*, (*Street and Number*)	137 N Dallar street
5. *Full Name of Mother*,	Rowena thomson
6. *Mother's Maiden Name*,	Rozanna patterson
7. *Mother's Birthplace*,	Bolterman County
8. *Full Name of Father*,	Willen patterson
9. *Father's Occupation*,	a laBore
10. *Father's Birthplace*,	Baltimore md
Name of Medical Attendant, or other Person who makes this Return	ANNa Dowson
Address,	122 N Dallar street
Remarks,	

OCT 13 1882

BALTIMORE

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 2 82
4. *Place of Birth, (Street and Number)* 114 Columbia av
5. *Full Name of Mother,* Augusta Klappenberg
6. *Mother's Maiden Name,* Fair
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Frank Klappenberg
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mary Krol

Address, 328 S Eutaw St

Remarks,

ANN J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18556

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* White Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Oct. 9 82
4. *Place of Birth, (Street and Number)* # 23 Ramsey St
5. *Full Name of Mother,* Catharina Roedel
6. *Mother's Maiden Name,* " Hongerling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Roedel
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Koch

Address. 328 S Eutaw St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58557

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 2
4. *Place of Birth (Street and Number)* 316 S. Charles
5. *Full Name of Mother* Carrie Insco
6. *Mother's Maiden Name* " Hammond
7. *Mother's Birthplace* N York
8. *Full Name of Father* James Insco
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. R H Ellis

Address 313 Light St

Remarks

RETURN OF A BIRTH.

18558

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 & 6

1. Sex (state whether Male or Female) 2 Males.
2. Race or Color (if not of the white race) White.
3. Date of Birth 2nd October.
4. Place of Birth (Street and Number) 272. E. Pratt St
5. Full Name of Mother Isabella Chason.
6. Mother's Maiden Name " Mullen.
7. Mother's Birthplace Balto Md
8. Full Name of Father Jos. L. Chason.
9. Father's Occupation
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. M. Cockrill, M. D.

Address # 340. E. Baltimore St

Remarks Balto

Md

reat Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

18559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 2. 82.
4. Place of Birth (Street and Number)	7 Argyle Av.
5. Full Name of Mother	Mary W. Kretchmer
6. Mother's Maiden Name	" Kuran
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	John L. Kretchmer
9. Father's Occupation	Baggage Master P.R.R.
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	John L. Kretchmer
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 11160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th 1882
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 2nd 1882
4. *Place of Birth, (Street and Number)*	64 Gwynn Ave
5. *Full Name of Mother,*	Maggie Zellar's
6. *Mother's Maiden Name,*	" Harvey,
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank Zellar
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Silas N. Hunter M.D.
Address.	36 Gwynn Ave
Remarks.	

RECEIVED NOV 11 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 58161

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 2nd 1882.
4. *Place of Birth, (Street and Number)* No 27 Randall st
5. *Full Name of Mother* Louisa Gargan
6. *Mother's Maiden Name* Louisa Preston
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Oliver Gargan
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson and Dr Eller

Address 452 Fort Ave

Remarks Mother is doing well but the baby is sick with jaundice

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

18562

DEC 15 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	2 Oct.
4. *Place of Birth, (Street and Number)*	13 Raburg. St.
5. *Full Name of Mother,*	C. Meyer.
6. *Mother's Maiden Name,*	C. Schwengel.
7. *Mother's Birthplace,*	Baden.
8. *Full Name of Father,*	C. E. H. Meyer.
9. *Father's Occupation,*	Grocer Shipper
10. *Father's Birthplace,*	Lithuania
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58563

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct - 3. 1882
4. *Place of Birth, (Street and Number)* North Boundary ave, cor N.C. R.R.
5. *Full Name of Mother,* Elizabeth McAndrews
6. *Mother's Maiden Name,* McCormic
7. *Mother's Birthplace,* md
8. *Full Name of Father,* John McAndrews
9. *Father's Occupation,* employé City Pass R.W. (N.W.)
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return G Lane Tanneyhill

Address, 129 W. Biddle

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV. 5 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 3 1882
4. *Place of Birth, (Street and Number)* 209 Wolfhill St
5. *Full Name of Mother,* Jennie T McConnell
6. *Mother's Maiden Name,* Minnick
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Joseph S McConnell
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return G Lane Tannyhill

Address, 129 W Biddle

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 11165

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

WATER DEPARTMENT
OCT 21 1892
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 - Two

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 3rd 1892
4. *Place of Birth, (Street and Number)* Baltimore 108 Battery Avenue
5. *Full Name of Mother* Lavinia Warren
6. *Mother's Maiden Name* Lizzie Boyd
7. *Mother's Birthplace* New York
8. *Full Name of Father* John Warren
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Cleary

Address No 535 Light Street

Remarks

RETURN OF A BIRTH 58166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 3d /82
4. *Place of Birth, (Street and Number)*	61 S Poppleton St
5. *Full Name of Mother,*	Ida Va Stubbs
6. *Mother's Maiden Name,*	" " Pledge
7. *Mother's Birthplace,*	North Carolina
8. *Full Name of Father,*	Wilber J. Stubbs
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	39 N. Carey St.
Remarks,	

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

55567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 3d
4. *Place of Birth, (Street and Number)*	321 E. Biddle
5. *Full Name of Mother,*	Hannah K. Medinger
6. *Mother's Maiden Name,*	" Pfaf
7. *Mother's Birthplace,*	Balt. "
8. *Full Name of Father,*	Augustus C. Medinger
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Whitridge
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 3rd 1882
4. Place of Birth, (Street and Number) No 21. Miller St.
5. Full Name of Mother, Annie Voger
6. Mother's Maiden Name, Annie Newshaffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Vogel
9. Father's Occupation, Cegar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt

Address, ~~All Well~~ No. 185. S.E. cor Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	X Colored
3. *Date of Birth,*	October 3rd 1882
4. *Place of Birth, (Street and Number)*	No 3. Mc Kelderyst. Court
5. *Full Name of Mother*	Charlotte Willis
6. *Mother's Maiden Name,*	Charlotte Dorsey.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father*	Edward Willis
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No. 185 S.E. cor. Central av. & Monument St.
Remarks,	Ill Well

That any physician, accoucheur, midwife, or other person in charge, who shall neglect, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

5857A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 3rd
4. *Place of Birth, (Street and Number)* No 153 Hillen st
5. *Full Name of Mother,* Catherin Schäfer
6. *Mother's Maiden Name,* Ruth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Schäfer
9. *Father's Occupation,* Tavern keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 of Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 of Oct 82
4. *Place of Birth, (Street and Number)* No 69 Hoyard St
5. *Full Name of Mother,* Emma Obrion
6. *Mother's Maiden Name,* Emma Harley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patt Obrion
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Sabina Lovedale

Address, No 2 West St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 3rd 1882
4. Place of Birth, (Street and Number) Maternite Hosp 161 W Lanhard
5. Full Name of Mother, Mollie Hoffman
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return J. R. McIntosh Res Phy

Address, Maternite Hosp 161 W Lanhard St

Remarks, L. O. I. A. Illegitimate

No mpt no P.P.H.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5857/3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 4 1862 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Borne past part 4

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colord Child
3. *Date of Birth,* october the 3
4. *Place of Birth, (Street and Number)* Baltimore Saratoga St No 443
5. *Full Name of Mother,* Louie Reed
6. *Mother's Maiden Name,* ~~[illegible]~~ Louie Reed
7. *Mother's Birthplace,* Summit point Jeffer Co W V H
8. *Full Name of Father,* Williams Reed
9. *Father's Occupation,* Brick yard
10. *Father's Birthplace,* Summit point Jeffer Co W V H

Name of Medical Attendant, or other Person who makes this Return.

Address, Elida Gipson No 443 Saratoga St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

v 8574

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 268 S. Eutaw St.
4. *Place of Birth, (Street and Number)* Oct. 3. 82
5. *Full Name of Mother,* Rosa Lint
6. *Mother's Maiden Name,* " Gluwindt
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* George Lint
9. *Father's Occupation,* W. Baker
10. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, 328 S. Eutaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4
1. *Sex*, (*state whether male or female*)	Female
2. *Race or ~~Color~~*, (*if not of the white race*)	
3. *Date of Birth*,	8 October
4. *Place of Birth*, (*Street and Number*)	131 S. Exeter
5. *Full Name of Mother*,	Maggie Magmar
6. *Mother's Maiden Name*,	Kari
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Mike Magmar
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or ~~Color,~~ (if not of the white race)*
3. *Date of Birth,* 3 October
4. *Place of Birth, (Street and Number)* 143 Makelldery street
5. *Full Name of Mother,* ~~Felter~~ Kunigunder Markuss
6. *Mother's Maiden Name,* ~~A~~ Feller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philip Markuss
9. *Father's Occupation,* Dishler
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lumbard street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DOLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. October 4th 1882

OCT 5 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 8th

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* October 3rd 1882.

4. *Place of Birth,* (*Street and Number*) 223 Dallas St.

5. *Full Name of Mother,* Maggie Brandt

6. *Mother's Maiden Name,* Maggie Stengel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Brandt

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Arendt

Address, No. 137 Wolfe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

11578

HEALTH DEPARTMENT OCT 10 1882 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 2nd 1882
4. *Place of Birth, (Street and Number)*	106 S. Paca
5. *Full Name of Mother,*	Laura E. Wolf
6. *Mother's Maiden Name,*	Laura E. Patrick
7. *Mother's Birthplace,*	North Carolina
8. *Full Name of Father,*	Hagen C. Wolf
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	North Carolina
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	1402 Hanover St
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

55579

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 13

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	This is the 3d Child
1. *Sex, (state whether male or female)*	it is a female
2. *Race or Color, (if not of the white race)*	it is of the white race
3. *Date of Birth,*	the 3d day of October
4. *Place of Birth, (Street and Number)*	Lombard Street No 313
5. *Full Name of Mother,*	Laura Emma Robbins
6. *Mother's Maiden Name,*	Laura Emma Thomas
7. *Mother's Birthplace,*	in Dorchester County
8. *Full Name of Father,*	Samuel Washington Robbins
9. *Father's Occupation,*	Commission Merchant
10. *Father's Birthplace,*	in Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Smoots
Address,	136 S Caroline st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

S 1580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
16
BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	12 Birth Still-born.
1. *Sex*, (*state whether male or female*)	Girl
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	3 October
4. *Place of Birth*, (*Street and Number*)	Kastel Street N. 52
5. *Full Name of Mother*	Sabina Linert
6. *Mother's Maiden Name*,	" " Barthelme
7. *Mother's Birthplace*,	Königheim Baden
8. *Full Name of Father*,	Lorenz Linert
9. *Father's Occupation*,	Shumager
10. *Father's Birthplace*,	Rinderfeinbach Baiern
Name of Medical Attendant, or other Person who makes this Return	Dr. Wanser
Address,	Lombard Str. 298
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18581.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	1 Birth
1. *Sex.* (*state whether male or female*)	Boi
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	3 Oktober
4. *Place of Birth,* (*Street and Number*)	Register Str. No 114
5. *Full Name of Mother,*	Katie Fritz
6. *Mother's Maiden Name,*	" " Kiefer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Karl Fritz
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M E Maurer
Address,	
Remarks,	Lombard Str. 278

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RETURN OF A BIRTH

58582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2 3

Sex, (state whether male or female) male

Race or Color, (if not of the white race) Colar

Date of Birth, Oct the 3 1882

Place of Birth, (Street and Number) No 106 Forke St

Full Name of Mother, Mary A Scott

Mother's Maiden Name, Mary A George

Mother's Birthplace, Born Ac Smath Virgier

Full Name of Father, Edward George

Father's Occupation, Laburn many

Father's Birthplace, Acca maphe

Name of Medical Attendant, or other Person who makes this Return Lucy Gldney

Address, No Fatoca ave nue

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58583

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
18
1902
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, as ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd "
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	Oct. 3/02
4. *Place of Birth.* (*Street and Number*)	91 S. Carlton St.
5. *Full Name of Mother.*	Carlton Crist
6. *Mother's Maiden Name.*	" Sims
7. *Mother's Birthplace.*	Balto. city
8. *Full Name of Father.*	John C. Crist
9. *Father's Occupation.*	Plasterer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	R. Wm Armistead M.D
Address.	117 S Broadway
Remarks.	

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RETURN OF A BIRTH 55584

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2 nd. (twins)

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Oct. 4th. 1882
4. *Place of Birth, (Street and Number)* 34 Arlington Avenue
5. *Full Name of Mother,* Rose Barth
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* M. Barth
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return C W Neff

Address, 306 W Fayette St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4th 1882
4. Place of Birth, (Street and Number) Small Str Oster Concord and Mill streets opp Smith & Wicks Can works
5. Full Name of Mother, Elizabeth Grau
6. Mother's Maiden Name, Feller
7. Mother's Birthplace, Balto City
8. Full Name of Father, Frank Grau
9. Father's Occupation, Teamster
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return S. W. Seldner Md

Address, S E Cor Eager & Caroline Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

D. BULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

58586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 2 1899 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 4th 1888
4. *Place of Birth, (Street and Number)* No 71 N. Gay st
5. *Full Name of Mother,* Annie Kothe
6. *Mother's Maiden Name,* Annie Lammrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. C. Kothe
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address, 152 E Monument st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 18587

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. *Sex (state whether male or female)*	Male Child
2. *Race or Color, (if not of the white race)*	Colored Child
3. *Date of Birth*	October 4 1882
4. *Place of Birth, (Street and Number)*	Bethel st No 70
5. *Full Name of Mother*	Abby MacCoy
6. *Mother's Maiden Name*	Abby Burns
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William MacCoy
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs wife Harriet Britton
Address	No 78 N Bethel st
Remarks	

RETURN OF A BIRTH 58588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5 te

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Okt. 4 1882
4. Place of Birth, (Street and Number) Kanton Av. 257
5. Full Name of Mother, Elisabeth Brunner
6. Mother's Maiden Name, Biten
7. Mother's Birthplace, Balt.
8. Full Name of Father, Peter Brunner
9. Father's Occupation, Tinner
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanne Raubal.

Address, S. Wolfstr No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday Octo 4th 1882.
4. *Place of Birth, (Street and Number)* Boundary Ave. near Harford Road.
5. *Full Name of Mother,* Rosina A Ewell Poole.
6. *Mother's Maiden Name,* " " A Ewell.
7. *Mother's Birthplace,* Savannah Ga
8. *Full Name of Father,* Edwin Poole
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Wilmer Brinton M.D.

Address, 25½ Greenmont ave.

Remarks, Vertex Presentation

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17590

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPT. NOV 3 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 11 - 1882
4. *Place of Birth, (Street and Number)* 64 N. Eden St
5. *Full Name of Mother,* Rebeca Hard
6. *Mother's Maiden Name,* Adler
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father.* Moses Hard
9. *Father's Occupation,* Wagon Feiler
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) (6) sixth

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* October 4 1882
4. *Place of Birth,* (*Street and Number*) 53 Walker st.
5. *Full Name of Mother,* Nanette Teufel
6. *Mother's Maiden Name,* Nanette Casper
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lambert Teufel
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dr. Kunigunde Schlifer

Address, 20 Columbia Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58592

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 4th 1882
4. *Place of Birth, (Street and Number)*	Seventh Ave Highlandtown
5. *Full Name of Mother,*	Annie Freemann
6. *Mother's Maiden Name,*	Vogt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Freemann
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafft
Address,	236 Canton Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4
1. *Sex*, (*state whether male or female*)	Female
2. *Race or ~~Color~~*, (*if not of the white race*)	
3. *Date of Birth*,	4 October
4. *Place of Birth*, (*Street and Number*)	37 Style street
5. *Full Name of Mother*,	Minnie Prince
6. *Mother's Maiden Name*,	Conner
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John Prince
9. *Father's Occupation*,	Coal dealer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

OCT 10 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall neglect, within six days after the birth of any child, to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 88194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 4 '82

4. *Place of Birth, (Street and Number)* 338 Hamburg St

5. *Full Name of Mother,* Margaretha Eberline

6. *Mother's Maiden Name,* " Hettler

7. *Mother's Birthplace,* Bavaria

8. *Full Name of Father,* Michael Eberline

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mary Koch

Address, 328 S Eutaw St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

5859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (~~state whether~~ Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 4th 1882
4. Place of Birth (Street and Number)	10 N Gilmor
5. Full Name of Mother	Emma Virginia
6. Mother's Maiden Name	Bickford
7. Mother's Birthplace	Balt
8. Full Name of Father	Jos H Meilor Jr
9. Father's Occupation	Conductor on Sleeping Cars
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 5859b

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct. 4th 1882
4. *Place of Birth, (Street and Number)* N.E. Cor. Jefferson & Central Av
5. *Full Name of Mother* Margaret Cook
6. *Mother's Maiden Name* " Rock
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward C Cook
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P McDevitt

Address 54 Aisquith St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct. 4/82.
4. *Place of Birth, (Street and Number)* 244 Argyle Ave
5. *Full Name of Mother* Katie B. Watson.
6. *Mother's Maiden Name* Waters.
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles R. Watson
9. *Father's Occupation* Book Keeper.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 205 W. Biddle St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18178

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Oct. 6th 1882

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2nd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Oct. 4th 1882
4. *Place of Birth,* (*Street and Number*) 181 Durham Street
5. *Full Name of Mother,* Maggie Dillmann
6. *Mother's Maiden Name,* Maggie Gerheid.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Gus. Dillmann
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 137 South Wolfe St.

Remarks, No

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person required by law to report births, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	
3. *Date of Birth,*	Oct 4 th 1882
4. *Place of Birth,* (Street and Number)	No 12 Hamburg st
5. *Full Name of Mother.*	Edwin Sander
6. *Mother's Maiden Name,*	Gerlach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father.*	George Sander
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohwasser midwife
Address,	331 Hanover st.
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 4th 1882
4. *Place of Birth, (Street and Number)*	57 East St
5. *Full Name of Mother,*	Amanda Graves
6. *Mother's Maiden Name,*	Amanda Thomas
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Edward Graves
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Demarrackan
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	#5 Forrest St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 5 1882

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or~~ Female)
2. *Race* ~~or Color (if not of the~~ white race)
3. *Date of Birth* Octo 4th 1882
4. *Place of Birth* (Street and Number) No 223 Forest st
5. *Full Name of Mother* Fannie Galloway
6. *Mother's Maiden Name* " Devallee
7. *Mother's Birthplace* Anapolis Md.
8. *Full Name of Father* Jefferson D Galloway
9. *Father's Occupation* Shoe-Cutter.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Andre M D

Address No 121 E Baltimore st

Remarks

RETURN OF A BIRTH.

18402.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* October 4th 1882
4. *Place of Birth (Street and Number)* Baltimore City, Harmony Lane
5. *Full Name of Mother* Susan Cephess
6. *Mother's Maiden Name* Susan anderson
7. *Mother's Birthplace* Howard County Md
8. *Full Name of Father* Joseph Cephus
9. *Father's Occupation* Carter
10. *Father's Birthplace* Montgomery County Md

Name of Medical Attendant, or other Person who makes this Return. Martha Moore

Address No 7 Parrish Alley

Remarks All well

RETURN OF A BIRTH.

18805

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
14
1882
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 11th
4. *Place of Birth (Street and Number)* 609 Hanover
5. *Full Name of Mother* Sarah Mealey
6. *Mother's Maiden Name* Mick
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* William J. Mealey
9. *Father's Occupation* Engineer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. J C Burke M.D

Address 151 Hanover St

Remarks

RETURN OF A BIRTH

1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 4 October
4. *Place of Birth,* (*Street and Number*) Cor. Washington and Gay
5. *Full Name of Mother,* Mary Butt
6. *Mother's Maiden Name,* Schweitzer
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Joseph Butt
9. *Father's Occupation,* Grocer Feed and Flour
10. *Father's Birthplace,* Baltimore county

Name of Medical Attendant, or other Person who makes this Return 418 Holland st

Address, Ross Ulrich

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 11 1882 HEALTH DEPART BALTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 October
4. Place of Birth, (Street and Number) 22 Spring row
5. Full Name of Mother, Laura Allen
6. Mother's Maiden Name, " Goos
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John Allen
9. Father's Occupation, Plumber and Gasfitter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Dora Uhlig

Address, 118 Holland

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall neglect, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

58606

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female Annie May
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4 October
4. *Place of Birth, (Street and Number)* 53 Wolf street
5. *Full Name of Mother,* Sophia Bardelmann
6. *Mother's Maiden Name,* " Kraus
7. *Mother's Birthplace,* Kurhesson Europe
8. *Full Name of Father,* Anton Bardelmann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ullig

Address, 48 Holland st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 58607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
(state whether male or female)	Male
e or Color, (if not of the white race)	white race
of Birth	october the 4th
ce of Birth, (Street and Number)	Baltimore fort av No 303
Name of Mother	Ann English
her's Maiden Name	Ann Townsind
her's Birthplace	anraldle Co Md
Name of Father	william English
her's Occupation	labour
her's Birthplace	Delaware Citty
ne of Medical Attendant, or other Person who makes this Return.	Elisabeth Hathorn
ress	william st No 394
narks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 14/82

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... 1860 [illegible]

1. *Sex, (state whether male or female)* ..... Female & Child
2. *Race or Color, (if not of the white race)* ..... Colored Black
3. *Date of Birth,* ..... Born October 4th 1882
4. *Place of Birth, (Street and Number)* ..... Baltimore M.D. No 22 Laurel St
5. *Full Name of Mother,* ..... Jenny Harris
6. *Mother's Maiden Name,* ..... Jenny Scott
7. *Mother's Birthplace,* ..... Gloucester Co. Va
8. *Full Name of Father,* ..... Henry Harris
9. *Father's Occupation,* ..... Stevedore
10. *Father's Birthplace,* ..... Middlesex Co. Va

Name of Medical Attendant, or other Person who makes this Return. ..... Susan Marvin

Address, ... No. Cerham St

Remarks, ...

That any Physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

1860 X

Oct 11/82

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, is hereby advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female 8 child

1. *Sex, (state whether male or female)* one female born on the 4th October 1882
2. *Race or Color, (if not of the white race)* Color Black
3. *Date of Birth,* Born October 4th 1882
4. *Place of Birth, (Street and Number)* Baltimore M.D. No 22 Laurel St
5. *Full Name of Mother,* Jenny Harris
6. *Mother's Maiden Name,* Jennie Scott
7. *Mother's Birthplace,* Gloucester Co. Va
8. *Full Name of Father,* Henry Harris
9. *Father's Occupation,* Stor[illegible]
10. *Father's Birthplace,* Middlesex Co. Va

Name of Medical Attendant, or other Person who makes this Return. Susan Margin

Address, N. Durham St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

18609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 4th 1882
4. Place of Birth (Street and Number) 252 Hoffman st
5. Full Name of Mother Virginia Forrester
6. Mother's Maiden Name " Buckingham
7. Mother's Birthplace Gettysburg Pa.
8. Full Name of Father William H. Forrester
9. Father's Occupation Builder
10. Father's Birthplace Westminster, Md

Name of Medical Attendant, or other Person who makes this Return. John Dickson M.D.

Address 261 Madison Avenue

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

58610

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th October 1882
4. *Place of Birth, (Street and Number)* 31 York st
5. *Full Name of Mother,* Bridget Morrison
6. *Mother's Maiden Name,* Kam
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Morrison
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return H. W. Webster Jr

Address, 27 Barrett

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 5th
4. *Place of Birth, (Street and Number)* 801 W Lombard
5. *Full Name of Mother,* Ida Enniss
6. *Mother's Maiden Name,* Ida Whoton
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* George Enniss
9. *Father's Occupation,* Labor at the West M Railroad
10. *Father's Birthplace,* Annandle County Md

Name of Medical Attendant, or other Person who makes this Return M J Lemmon

Address, 435 W Mc Henry st

Remarks, Fine healthy child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 5th 1882
4. *Place of Birth, (Street and Number)* 40 N. Calhoun St
5. *Full Name of Mother,* Eva H. Bitting
6. *Mother's Maiden Name,* " " Rayfield
7. *Mother's Birthplace,* Virginia, Accomac Co
8. *Full Name of Father,* C. C. Bitting Jr
9. *Father's Occupation,* Attorney at Law
10. *Father's Birthplace,* Virginia, Hanover Co

Name of Medical Attendant, or other Person who makes this Return L. L. Bitting, M.D.

Address. 467 W. Fayette St

Remarks. Post. Partum Hemorrhage - Instruments

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 5th 1892
4. Place of Birth, (Street and Number) 263 S. Durham St.
5. Full Name of Mother. Rieke Bender
6. Mother's Maiden Name, " Shafer
7. Mother's Birthplace, Cuba
8. Full Name of Father. Jacob Bender
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Belz

Address, 120 Bank St.

Remarks,

C. DOUGHERTY & CO., CITY PRINTING AND STATIONERS.

RETURN OF A BIRTH

S 8614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	8 th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	October 5th. 1882.
4. *Place of Birth*, (*Street and Number*)	No. 9 Horn St.
5. *Full Name of Mother*,	Emma Dunn
6. *Mother's Maiden Name*,	Emma Esser
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Christopher Dunn
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. J. Batt
Address,	No. 185. S.E. cor. Central av. & Monument St.
Remarks,	All Well

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

(over) 1881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

George Mathison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th.
1. *Sex, (state whether male or female)*	~~Female~~ Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday Oct 6 th 1882
4. *Place of Birth, (Street and Number)*	348 N. Gay St.
5. *Full Name of Mother,*	Kate Mathmison
6. *Mother's Maiden Name,*	Kate Lacy
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George Mathmison
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who make this Return	Wilmer Brinton M.D
Address,	25 1/2 Greenmount ave.
Remarks,	Early Presentation.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH 5818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	First
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Oct 5 1882
4. *Place of Birth*, (*Street and Number*)	507 W Baltimore Street
5. *Full Name of Mother*,	Mary Oldschool
6. *Mother's Maiden Name*,	" Neuberger
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Adolph Oldschool
9. *Father's Occupation*,	Hotel Keeper
10. *Father's Birthplace*,	Austria
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald MD
Address,	88 N Eutaw Street
Remarks,	Premature birth, death after 11 hours

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 9 1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend cases of advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th of October
4. *Place of Birth, (Street and Number)*	259 N. Eden St.
5. *Full Name of Mother,*	Mary Silberzahn
6. *Mother's Maiden Name,*	Mary Liedermann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Silberzahn
9. *Father's Occupation,*	Taylor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mary Walter
Address,	125 N. Caroline
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1
1. *Sex*, (*state whether male or female*)	Male
2. *Race or ~~Color~~* (*if not of the white race*)	
3. *Date of Birth*,	8th October
4. *Place of Birth*, (*Street and Number*)	141 E. Lombard street
5. *Full Name of Mother*,	Rosa Smith
6. *Mother's Maiden Name*,	Pittrough
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Charles Smith
9. *Father's Occupation*,	Seafart
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	728 E. Lombard street
Remarks,	

OCT 10 1882

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58619

OCT 10 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 5th 1882
4. Place of Birth (Street and Number) No 76 S. Chester St,
5. Full Name of Mother Mary R. Beatley
6. Mother's Maiden Name " " Dickerson
7. Mother's Birthplace Mount Savage Baltimore County
8. Full Name of Father William J. Beatley
9. Father's Occupation Capper and Processor
10. Father's Birthplace Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return. A. J. Ward M. D.

Address No 169 Bank Street

Remarks If the Parents Statement be Correct This is a Seven & 1/2 Months Child & is likely [illegible]

RETURN OF A BIRTH

51620

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 5th 1882
4. *Place of Birth, (Street and Number)*	570 S Charles st
5. *Full Name of Mother,*	Annie Welch
6. *Mother's Maiden Name,*	Annie Kane
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Edward Welch
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Clarke MD
Address,	146 W Lanvale st
Remarks.	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 11621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 6 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored.
3. *Date of Birth,* Oct. 5. 1882
4. *Place of Birth, (Street and Number)* No. 43 Johnson St. Baltimore Md.
5. *Full Name of Mother,* Josephine Tyler
6. *Mother's Maiden Name,* Josephine Smith.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Tyler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Gaff

Address, 107 Johnson St. Balt. Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Oct. 5. 1882.
4. *Place of Birth, (Street and Number)* No. 95 Battery Av. Balt. Md.
5. *Full Name of Mother,* Elizabeth Carney
6. *Mother's Maiden Name,* Elizabeth Boston.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Joseph Carney
9. *Father's Occupation,* Ship Carpenter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. Nash.

Address, 107 Johnson St. Balt. Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

27

RETURN OF A BIRTH

18652

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 6 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Second (2d)

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* October 5th, 1882
4. *Place of Birth,* (*Street and Number*) No. 336 E. Baltimore Street
5. *Full Name of Mother,* Mrs. Florence Virginia Thompson
6. *Mother's Maiden Name,* Miss F. V. Glass
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Mr. Leslie Marshall Thompson
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Cecil County Maryland

Name of Medical Attendant, or other Person who makes this Return Wm. H. Claudius, M.D.

Address, No. 102 N. Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58624

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d.

1. *Sex, (state whether male or female)* Knabe.
2. *Race or Color, (if not of the white race)* weiß.
3. *Date of Birth,* d. 5 Octr. 1882.
4. *Place of Birth, (Street and Number)* Conton Elliott St 104.
5. *Full Name of Mother,* Rose Pollak.
6. *Mother's Maiden Name,* Koch.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Peter Pollak.
9. *Father's Occupation,* Löttcher
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anna Rimmen.

Address, O'Donnell St. 26.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 58625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (~~if not of the white~~ race)
3. Date of Birth October 5 1882
4. Place of Birth (Street and Number) No 22 Oxford St
5. Full Name of Mother Elen Woodfark
6. Mother's Maiden Name Elen Gilmor
7. Mother's Birthplace Charlotte Vill Va
8. Full Name of Father Nelson Woodfark
9. Father's Occupation Laber
10. Father's Birthplace Charlotte Va

Name of Medical Attendant, or other Person who makes this Return. Mbreck Md

Address No 36 Davis St

Remarks Ballimar City Md

RETURN OF A BIRTH № 8626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 2te Child

1. *Sex.* (*state whether* ~~male or~~ *female*)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* October the 5 1892.
4. *Place of Birth,* (*Street and Number*) N. Inn St. No 192.
5. *Full Name of Mother.* Ella Yakemann
6. *Mother's Maiden Name,* Ella Jorgenbach.
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Julius Yakemann
9. *Father's Occupation,* Boot Maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Gallas St. No 26

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-27-54

RETURN OF A BIRTH

58627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Joseph Lawrence Tall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) ~~Female~~ male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 5 1882
4. Place of Birth, (Street and Number) 116 Aisquith St.
5. Full Name of Mother, Sarah J. Tall
6. Mother's Maiden Name, " " " Huszmaul
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph L. Tall
9. Father's Occupation, Coppersmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A. Allwell

Address, 286 McDonogh St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four, two Males

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th October 1882.
4. *Place of Birth, (Street and Number)* 109 S. Stricker, betw. McHenry & Ramsay.
5. *Full Name of Mother,* Barbara Anna Piller.
6. *Mother's Maiden Name,* " " " " Sattler.
7. *Mother's Birthplace,* Shrewsbury, Pa.
8. *Full Name of Father,* John Bernhard Piller.
9. *Father's Occupation,* Printer.
10. *Father's Birthplace,* Bavaria, (Germany)

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelley

Address, 172 Pratt St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 11 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th October 1882
4. *Place of Birth, (Street and Number)*	149 Washington st
5. *Full Name of Mother,*	Annie B. Long
6. *Mother's Maiden Name,*	Kemp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Long
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Wiley
Address,	No 12 Patterson Park
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5863a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 5 1882
4. *Place of Birth, (Street and Number)* 392 Canton Av
5. *Full Name of Mother,* Johanna Garbol
6. *Mother's Maiden Name,* Joh Ott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilian Garbol
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chester

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18631

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, mid wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child,
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 6th 1882 -
4. *Place of Birth, (Street and Number)*	45 Columbia St.
5. *Full Name of Mother,*	Sophia Newton,
6. *Mother's Maiden Name,*	" Glass,
7. *Mother's Birthplace,*	Dorchester Co. Md.
8. *Full Name of Father,*	Edward Newton,
9. *Father's Occupation,*	Coffee Roaster,
10. *Father's Birthplace,*	Balto. City -
Name of Medical Attendant, or other Person who makes this Return	R. J. H. Tull. M.D.
Address,	152 Sharp St,
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colite
3. *Date of Birth,*	October 6th 1882
4. *Place of Birth, (Street and Number)*	282 N. Canal St
5. *Full Name of Mother,*	Annetta Krug
6. *Mother's Maiden Name,*	Ross
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Joseph C. Krug
9. *Father's Occupation,*	Provision Dealer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	S. W. Stoner MD
Address,	S E Cor Bayer & Caroline Streets
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

18633

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 8
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 6, 1882
4. *Place of Birth (Street and Number)* 582 Lanvale street
5. *Full Name of Mother* Mary Erdman
6. *Mother's Maiden Name* Mary Snyder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John C. Erdman
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Reg. A. Elwell, M. D.

Address 548 Harford avenue

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58634

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 6th 82
4. *Place of Birth, (Street and Number)* 202 S Paca St
5. *Full Name of Mother* Henrietta Mason
6. *Mother's Maiden Name* Bitzell
7. *Mother's Birthplace* Balto city
8. *Full Name of Father* George Mason
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. I H Cunny

Address 76 S Paca St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58635

GIVEN NAME ADDED 4-12-51

To the Office of Registrar of Vital ~~Statistics, Board~~ of Health,

BALTIMORE CITY.

Name of Child: Mary Teresia McCabe

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6th 1882
4. *Place of Birth, (Street and Number)* No 13 Witton so
5. *Full Name of Mother,* Ella McCabe
6. *Mother's Maiden Name,* Ella McIntyre
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles McCabe
9. *Father's Occupation,* Brass Molder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Dena Hillegas

Address, 182 Monument so

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58636

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4°

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6th 1882
4. *Place of Birth, (Street and Number)* No 10 Exeter st
5. *Full Name of Mother,* Bertha Donohue
6. *Mother's Maiden Name,* Bertha Frank
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Samuel Donohue
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Dena Hillegerst

Address, 182 E Monument st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 6th
4. *Place of Birth, (Street and Number)* 218 George St.
5. *Full Name of Mother,* Mrs. Miller
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* "Furniture mover"
10. *Father's Birthplace.* Balto City

Name of Medical Attendant, or other Person who makes this Return H F Hill M D

Address, 443 Franklin St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 31
1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child.
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 6th 1882.
4. *Place of Birth, (Street and Number)*	No 49 S. Monroe St.
5. *Full Name of Mother*	Lizzy. Lang.
6. *Mother's Maiden Name,*	Lizzi Lang
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Wil Lahl.
9. *Father's Occupation,*	Gardiner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ann Findlay
Address,	No 75 S. Monroe St.
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

"That any physician, accoucheur, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 6th 1882
4. Place of Birth, (Street and Number) No 202 Alice Ann Sto.
5. Full Name of Mother, Fannie Fernheimer
6. Mother's Maiden Name, " Hefford
7. Mother's Birthplace, Cite
8. Full Name of Father, Louis Fernheimer
9. Father's Occupation, Drawer
10. Father's Birthplace, Cite

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Batz

Address, 120 Bank sto.

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

18640

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE

er, (state whether 1st, 2d, 3d, &c.) Third (3d)
male or female) Female
not of the white race)
Oct 6th 1882
Street and Number) No 11 Centre St
Annie Murray
her, 11 County Roscommon Ireland
Name, Bridget Murray
ce, Bar Tender
her, County Roscommon Ireland
tion, Regina A Windsor
lace. 186 Harford Ave
l Attendant, or other Person who makes this Return

RETURN OF A BIRTH 18640

Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

...r, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
...male or female)	Female
...not of the white race)	Col'd 1882
...	No 11 Centre St
...Street and Number)	Annie Murray
...ther,	" Murray
...Name,	County Roscommon Ireland
...ce,	Annie Murray
...ther,	Bar Tender
...ion,	County Roscommon Ireland
...lace.	Regina A Wintz
...l Attendant, or other Person who makes this Return	186 Harford Ave

RETURN OF A BIRTH 18641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6th. 1882.
4. *Place of Birth, (Street and Number)* No 177 N. Dallis St.
5. *Full Name of Mother,* Emma Holland
6. *Mother's Maiden Name,* Emma Brady
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Holland
9. *Father's Occupation,* City Carr Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No 185 S E cor Centre av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. U. DULANY & CO., CITY PRINTERS AND STATIONERS

58642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (if not of the white race)* Blk
3. *Date of Birth* 10. 6. 82
4. *Place of Birth (Street and Number)* 74 Pierce
5. *Full Name of Mother* Ellen L. Smith
6. *Mother's Maiden Name* Harrison
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jno Key Smith
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* West River Md

Name of Medical Attendant, or other Person who makes this Return. L M Eachman

Address 349 [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18643

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 6th 1882
4. Place of Birth (Street and Number)	631 Fremont St
5. Full Name of Mother	Laura Griffith
6. Mother's Maiden Name	Sutzler
7. Mother's Birthplace	Balto
8. Full Name of Father	Abraham Griffith
9. Father's Occupation	Painter
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Chas E Sutzler M D
Address	516 Druid Hill Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

88644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 6th 1882
4. Place of Birth (Street and Number)	383 Division St
5. Full Name of Mother	Margaret Hooper
6. Mother's Maiden Name	Kelly
7. Mother's Birthplace	Md
8. Full Name of Father	Michael Hooper
9. Father's Occupation	Car driver
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Chas E Sadler M D
Address	565 Druid Hill Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 11645

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 6th 1892
4. *Place of Birth, (Street and Number)*	644 Druid Hill Ave
5. *Full Name of Mother,*	Mary Townsend
6. *Mother's Maiden Name,*	McCarren
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Townsend
9. *Father's Occupation,*	Car driver
10. *Father's Birthplace.*	Md
Name of Medical Attendant, or other Person who makes this Return	Chas E Fadder
Address,	565 Druid Hill Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in ch... advise at the birth of any child, within the City of Baltimore, shall ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child ... born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

55646

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 6 1882
4. *Place of Birth, (Street and Number)* 235 William St Balt Md.
5. *Full Name of Mother,* Mary Lambert
6. *Mother's Maiden Name,* Mary Taylor
7. *Mother's Birthplace,* Somerset Co
8. *Full Name of Father,* William Lambert
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Lash

Address, 107 Johnson St Balt. Md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th, October
4. *Place of Birth, (Street and Number)*	69 N. Castle
5. *Full Name of Mother,*	Emma Deal
6. *Mother's Maiden Name,*	Emma Mc Kenney
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Andrew Zealk
9. *Father's Occupation,*	Carver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mary Walter
Address,	125 N Caroline St.
Remarks,	

J. C. KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18648

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6 1882
4. *Place of Birth, (Street and Number)* 131 Camden St
5. *Full Name of Mother,* Anna M Roper
6. *Mother's Maiden Name,* Anna M Magar
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James M Roper
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Theodore Cook MD

Address, 146 Hanover St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 58649

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* October the 6th
4. *Place of Birth, (Street and Number)* No 140 Hookey st Baltimore
5. *Full Name of Mother* Margret A Vickers
6. *Mother's Maiden Name* Margret Keerking
7. *Mother's Birthplace* Md
8. *Full Name of Father* Edward Vickers
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mary Sarah Normal mid wife

Address No 317 East avenue

Remarks mother and child doeing well

5865 a

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 6th 1882
4. *Place of Birth, (Street and Number)*	119 West St
5. *Full Name of Mother,*	Elizabeth Boyce
6. *Mother's Maiden Name,*	Elizabeth Katican
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Wm. T. Boyce
9. *Father's Occupation,*	Carter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 Hanover St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

S. C. DUCANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 6th
4. *Place of Birth, (Street and Number)* Baltimore S. Pacca St No 253
5. *Full Name of Mother,* Anna Rebecca Penington
6. *Mother's Maiden Name,* Anna Rebecca Riter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Augustine Hyland Penington
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 114 Ridgley St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 88652

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 6 7
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	Oct 6. 1882
4. *Place of Birth* (Street and Number)	15 Carlton st
5. *Full Name of Mother*	Henrietta Mathews
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Howard Co Md
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	A Tinsley M D
Address	386 Druid Hill Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 11613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 7 1882
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	October 6th 1882.
4. *Place of Birth, (Street and Number)*	55 N Carroll Ave.
5. *Full Name of Mother,*	Mary E. Stewart.
6. *Mother's Maiden Name,*	Mary E Pierpoint.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	James S Stewart Jr.
9. *Father's Occupation,*	Painter.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	John Pennington M.D.
Address,	134 N Carroll Ave
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58654

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Copy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October the 6, 1882

4. *Place of Birth, (Street and Number)* Stiles St. No. 52.

5. *Full Name of Mother,* Amalia Roth.

6. *Mother's Maiden Name,* Amalia Stumpner

7. *Mother's Birthplace,* Balt. City

8. *Full Name of Father,* Karl Roth

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* New Orleans, U. S.

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1886 17

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 12

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex.* (state whether male or female) girl
2. *Race or Color.* (if not of the white race) white
3. *Date of Birth,* 6.
4. *Place of Birth.* (Street and Number) 156 Central Avenue
5. *Full Name of Mother,* Rebecca Gross
6. *Mother's Maiden Name,* Rebeccai Geiler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jean Gross
9. *Father's Occupation,* Steamfitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Walker

Address, 239 E Eager Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Title Searches in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

58656

Oct 13

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.) 3rd

1. Sex (~~state whether~~ Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 6th
4. Place of Birth (Street and Number) 91 Pine st
5. Full Name of Mother Mollie Tydings
6. Mother's Maiden Name " Hannan
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Tydings
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Frank W Germon M D.

Address 187 Saratoga st

Remarks

RETURN OF A BIRTH 58617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1 1888 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1 Birth St. ll — born
1. *Sex*, (*state whether male or female*)	Girl
2. *Race or Color*, (*if not of the white race*)	Wht
3. *Date of Birth*,	6 October
4. *Place of Birth*, (*Street and Number*)	Bank street N. 162
5. *Full Name of Mother*	Kathe Frank
6. *Mother's Maiden Name*,	" " Stein
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*.	German Frank
9. *Father's Occupation*,	undertaker
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr. Maurer
Address,	Lombard Str. N. 228.
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58658

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Octr 6th
4. *Place of Birth (Street and Number)*	316 S. Charles st
5. *Full Name of Mother*	Hattie Johnson
6. *Mother's Maiden Name*	" Hammond
7. *Mother's Birthplace*	New York State
8. *Full Name of Father*	William Johnson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	B. City Md
Name of Medical Attendant, or other Person who makes this Return.	R. N. Ellis M.D.
Address	216 Light St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

88659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 14 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Octo. 6th
4. *Place of Birth (Street and Number)*	197 Bank St
5. *Full Name of Mother*	Maggie Bruce
6. *Mother's Maiden Name*	Stubbs
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Fred. H. Bruce
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Bruce M.D.
Address	151 W Lanvale St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

18660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 6th 1882
4. Place of Birth (Street and Number)	274 E. Baltimore Street
5. Full Name of Mother	Ella V. Watson
6. Mother's Maiden Name	Ella V. Green
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John T. Watson
9. Father's Occupation	Salesman
10. Father's Birthplace	Catonsville Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	437 N. Central Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, acconcheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 58661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st Child
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Oct 6th 1882
4. *Place of Birth*, (*Street and Number*)	No. 194 Cross st
5. *Full Name of Mother*,	Mary Wurtzbacher
6. *Mother's Maiden Name*,	Green
7. *Mother's Birthplace*,	America
8. *Full Name of Father*,	Adolph Wurtzbacher
9. *Father's Occupation*,	Store Keeper
10. *Father's Birthplace*,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwaaser midwife
Address,	330 Hanover st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 7th 1882
4. *Place of Birth, (Street and Number)*	# 42 Lewis St
5. *Full Name of Mother,*	Mary E. Lewel
6. *Mother's Maiden Name,*	Mary E. Wilson
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Washington Lewel
9. *Father's Occupation,*	Rag & Bone Dealer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	# 5. Forrest St
Remarks,	

HEALTH DEPT NOV 9 1882 BALTIMORE

O. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 5816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 7th 1882
4. *Place of Birth, (Street and Number)* Calvert Street
5. *Full Name of Mother,* Clara Criswell
6. *Mother's Maiden Name,* Clara Sawyer.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. M. Criswell
9. *Father's Occupation,* Sick Broker & Real Estate
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other Person who makes this Return O. K. Williamson

Address, 121 W. Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1886 64

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	Fourth
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	Colored
3. *Date of Birth,*	October 7th 1886
4. *Place of Birth,* (*Street and Number*)	280 N. Bond Street
5. *Full Name of Mother,*	Kate Cecelia Bell
6. *Mother's Maiden Name,*	Dorsey
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	F. Edmund Bell
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. W. Edwards M.D.
Address,	S.E. Cor Eager & Caroline Sts
Remarks,	

OCT 20 1886

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 15665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 7th Oct 1882.
4. *Place of Birth, (Street and Number)* 112 S Eden St
5. *Full Name of Mother* Katie Braun
6. *Mother's Maiden Name* Hardner
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wm H Braun
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J. H Mahoney

Address 76 S Eden St

Remarks

58666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 19
1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 7/92
4. *Place of Birth (Street and Number)*	No 5. Tennent st
5. *Full Name of Mother*	Lewis Hurley
6. *Mother's Maiden Name*	" Purdy
7. *Mother's Birthplace*	Balto md
8. *Full Name of Father*	Lewis Hurley
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	C. A Lewis
Address	162 Hanover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58667

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 7th 1882
4. Place of Birth, (Street and Number) No 11 Boyer st
5. Full Name of Mother, Cristina Roeding
6. Mother's Maiden Name, " Flach
7. Mother's Birthplace, Germany
8. Full Name of Father, John Roeding
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Elizabeth Bolz

Address, 520 Bank st

Remarks,

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 7th Oct 1882
4. *Place of Birth,* (*Street and Number*) 2 Wavelley Terrace
5. *Full Name of Mother,* Hannah Heald
6. *Mother's Maiden Name,* " Williams
7. *Mother's Birthplace,* N J
8. *Full Name of Father,* Wm Heald
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo H Lapton

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 2 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5 t

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Okt. 7. 82.
4. Place of Birth, (Street and Number) L. Mathias Alley 15
5. Full Name of Mother, Franziska Michael
6. Mother's Maiden Name, Lofler
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Georg Michael
9. Father's Occupation, Lebner
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm F. Baumbach

Address, E. Wolfstr 14

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 7th 1882
4. *Place of Birth (Street and Number)* 55 Parkin Pl
5. *Full Name of Mother* Lillie Lyburn
6. *Mother's Maiden Name* Lillie Matthews
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Christopher Lyburn
9. *Father's Occupation* Cattle Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colbrun

Address 343 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1867/1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7tes Kind

1. *Sex, (state whether male or female)* Madchen

2. *Race or Color, (if not of the white race)* Weiß

3. *Date of Birth,* geboren den 7ten October

4. *Place of Birth, (Street and Number)* No 178 Lombardt Str

5. *Full Name of Mother,* Elott. Friederich

6. *Mother's Maiden Name,* Elott Witzel

7. *Mother's Birthplace,* Deutschland.

8. *Full Name of Father,* August Friederich

9. *Father's Occupation,* Cayner

10. *Father's Birthplace,* Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dollar St

Remarks. Hebamme

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Kind

1. *Sex, (state whether male or female)* Bub.
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 7ten October
4. *Place of Birth, (Street and Number)* № 280 S. Bond Str
5. *Full Name of Mother,* Elisibeht Feller
6. *Mother's Maiden Name,* Elisibeht Leyyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Feller
9. *Father's Occupation,* Scheinder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202 S. Dallas Str

Remarks, Homme

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1867 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 7. 1882
4. Place of Birth, (Street and Number) # 125 W Madison St. Baltimore
5. Full Name of Mother, Kate Mary Wehrhahn
6. Mother's Maiden Name, — — Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H A Eduard Wehrhahn
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Barbara Reiß Hebamme

Address, No 28. N. Frederickstreet Baltimore. Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 7th 1882
4. *Place of Birth, (Street and Number)*	# 426 Canton Ave
5. *Full Name of Mother,*	Wilhelmina Litzau
6. *Mother's Maiden Name,*	Engler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carl Litzau
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kropp
Address,	236 Canton Ave
Remarks,	

HEALTH DEPARTMENT NOV 1882 BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1882 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 7th, 1882
4. *Place of Birth, (Street and Number)* No. 22 North Washington Street
5. *Full Name of Mother,* Mrs. Marion Frances Seltzer
6. *Mother's Maiden Name,* Miss M. F. Lansinger
7. *Mother's Birthplace,* Emitsburg, Md.
8. *Full Name of Father,* Mr. Thomas Clifford Seltzer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Gettysburg, Pa.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendinen M.D.

Address, No. 102 North Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	October 7th 1882
4. *Place of Birth*, (*Street and Number*)	376 West st
5. *Full Name of Mother*,	Mary E Clark
6. *Mother's Maiden Name*,	Mary E Flynn
7. *Mother's Birthplace*,	Baltimore Md
8. *Full Name of Father*,	Jno F Clark
9. *Father's Occupation*,	Blacksmith
10. *Father's Birthplace*,	Maryland
Name of Medical Attendant, or other Person who makes this Return	Pendr Cook MD
Address,	140 Hanover
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 7th 1882.
4. Place of Birth (Street and Number)	#365 West St.
5. Full Name of Mother	Ada Hennickle
6. Mother's Maiden Name	Ada Oates
7. Mother's Birthplace	Maryland
8. Full Name of Father	Able C. Hennickle
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Tyler Smith M.D.
Address	221 Barre St.
Remarks	Natural Labor

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	6
1. *Sex.* (*state whether male or female*)	Male
2. *Race or ~~Color~~* (*if not of the white race*)	
3. *Date of Birth.*	7 October
4. *Place of Birth,* (*Street and Number*)	19 Canale street
5. *Full Name of Mother.*	Bridget Righling
6. *Mother's Maiden Name.*	Rittmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	Pat Righling
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	22 E. Lombard street
Remarks,	

DEPARTMENT OF HEALTH OCT 10 1882 BALTIMORE

of any child, within the City of Baltimore, shall ... registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18679

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	7 October
4. *Place of Birth, (Street and Number)*	120 Sterling street
5. *Full Name of Mother,*	Lizzie Fleischmann
6. *Mother's Maiden Name,*	Sneider
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	Lorence Fleischmann
9. *Father's Occupation,*	Carver
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lumbard street
Remarks,	

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5868a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the ... more.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	~~the~~ Black
3. *Date of Birth,*	7th Oct 1882
4. *Place of Birth, (Street and Number)*	1102 South Charles St
5. *Full Name of Mother,*	Mary E. Smith
6. *Mother's Maiden Name,*	" " Johnson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard Smith
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	A. M. Lodge M.D.
Address,	
Remarks,	Normal delivery.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 7th of October 1882.
4. *Place of Birth, (Street and Number)* 56 North Washington strut
5. *Full Name of Mother,* Mrs Clara Babe.
6. *Mother's Maiden Name,* Clara Barker.
7. *Mother's Birthplace,* Baltimore ~~Willie~~ J
8. *Full Name of Father,* Willie Parker.
9. *Father's Occupation,* Mecanick.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescintia Junkel.

Address, 11 North Chappel strut per Crescintia Junkel.

Remarks, Healthy

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 7 October
4. *Place of Birth (Street and Number)* Melcom alley 72
5. *Full Name of Mother* Betsy Ringgold
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Dorchester County M.D.
8. *Full Name of Father* John G Ringgold
9. *Father's Occupation* general Labor
10. *Father's Birthplace* Dorchester County M.D.

Name of Medical Attendant, or other Person who makes this Return. Mary Reuens

Address No 51 Leadenhall street

Remarks Times remarkable

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

58683

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 10 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct. 7/82
4. *Place of Birth, (Street and Number)*	75 N. Fremont St.
5. *Full Name of Mother*	Amelia Spicker
6. *Mother's Maiden Name*	Hattie
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	John H. Spicker
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Havre de Grace Md.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fettenhoff M.D.
Address	205 W. Biddle St.
Remarks	

58684

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ill. C.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 1st of O.
4. *Place of Birth, (Street and Number)* No. 177 Sterling St.
5. *Full Name of Mother,* Mary Taylor
6. *Mother's Maiden Name,* Mary Kramer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Kramer
9. *Father's Occupation,* Laeber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Cristina Lauer,

Remarks, 173, Harper ave; 1331

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 18685

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Oct. 7th 82
4. *Place of Birth* (Street and Number) 208 Hamburg st.
5. *Full Name of Mother* Mary Tittle
6. *Mother's Maiden Name* Lamm
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Lorenzo Lamm
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. R. M. Hall M.D.

Address 262 Sharp St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 18616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October the 7th 1883
4. *Place of Birth, (Street and Number)*	Wilkeland st No 5
5. *Full Name of Mother,*	Mahaley Jane McKinney
6. *Mother's Maiden Name,*	Mahaley Jane Ridgely
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Albert McKinney
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address.	192 Park st
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58687

over

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
16 1
1892
BALTIMORE

Name: Ida Anna Meyer

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	4. Birth
1. *Sex,* (*state whether male or female*)	Girl
2. *Race or Color,* (*if not of the white race*)	weiß
3. *Date of Birth,*	4 Oktober
4. *Place of Birth,* (*Street and Number*)	Lombardstr. N 34
5. *Full Name of Mother*	Wilhelmina (Maier) Meyer
6. *Mother's Maiden Name,*	" " Schroder
7. *Mother's Birthplace,*	Herford Westfalen
8. *Full Name of Father,*	August (Maier) Meyer
9. *Father's Occupation,*	Cigarrenmager
10. *Father's Birthplace,*	Rinden Westfalen
Name of Medical Attendant, or other Person who makes this Return	Mrs Mauer
Address,	Lombard Str. 228
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 88688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* African

3. *Date of Birth,* Saturday Oct 7 1882

4. *Place of Birth, (Street and Number)* Shuter Street c/o 7

5. *Full Name of Mother,* Keziah Barclay

6. *Mother's Maiden Name,* Keziah Kane.

7. *Mother's Birthplace,* Dorchester County ~~Balto.~~ M. D.

8. *Full Name of Father,* Antony Barclay

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Dorchester County M. D.

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 471 North Gresham Street

Remarks,

JOHN P. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 7. 1882
4. *Place of Birth, (Street and Number)* Couches Street Cooksie
5. *Full Name of Mother,* Mary Rouch
6. *Mother's Maiden Name,* Mary Shlier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Dommanick Roch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Margga Ettel

Address, Cuba Street No 13.

Remarks, Concert Point

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8690

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 7th 1882
4. *Place of Birth, (Street and Number)*	X 53 N Liberty St
5. *Full Name of Mother,*	Ida Le Brun.
6. *Mother's Maiden Name,*	Ida Strasbaugh,
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John E Le Brun.
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makee this Return	Saml C. Powell MD
Address,	* 29 Augusta St,
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 17 October
4. *Place of Birth, (Street and Number)* Henretta Street No 166
5. *Full Name of Mother* Mary Ann Hughes
6. *Mother's Maiden Name* Mary Ann Ford
7. *Mother's Birthplace* Calvert County M. D
8. *Full Name of Father* William Henry Hughes
9. *Father's Occupation* Labor
10. *Father's Birthplace* Cambridge M. D

Name of Medical Attendant, or other Person who makes this Return. Rachel Dorne

Address Hamburge Street No 322

Remarks

RETURN OF A BIRTH.

58692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 7th 1882.
4. Place of Birth (Street and Number)	162 George st.
5. Full Name of Mother	Margaret Dwyer.
6. Mother's Maiden Name	Margaret Hughes.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Albert Dwyer.
9. Father's Occupation	Inspector of Cans
10. Father's Birthplace	Hartford Co Md
Name of Medical Attendant, or other Person who makes this Return.	John L Pennington M.D.
Address	154 N Carrollton Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18693

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 7th
4. *Place of Birth (Street and Number)*	No 136 Hughes St
5. *Full Name of Mother*	Emma Lawton
6. *Mother's Maiden Name*	" Fitzpatrick
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Jno Lawton
9. *Father's Occupation*	Coal dealer
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M.D.
Address	151 Hanover St
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

GIVEN NAME ADDED 10-29-52

RETURN OF A BIRTH.

88694

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

Katie

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 7th 1882
4. Place of Birth (Street and Number)	Randall St 2nd door E Chas St
5. Full Name of Mother	Louisa Kaffenberg
6. Mother's Maiden Name	" Beeker
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Kaffenberg
9. Father's Occupation	Engineer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. H. Cooke MD
Address	62½ Light St
Remarks	

rect Record of Vital Statistics in the C

That any physician, accoucheur, midwife, or other person in C... advise at the birth of any child, within the City of Baltimore, shall within six days thereafter, stating distinctly the date of birth sex, and born, its or their physical condition, whether still born or not, the full ... of the parents, and the maiden name of the mother of such child or child...

RETURN OF A BIRTH 18691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 11 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) H 1 82

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 octobea
4. *Place of Birth, (Street and Number)* Chesapeake 155
5. *Full Name of Mother.* Mathy Fowler
6. *Mother's Maiden Name,* charge
7. *Mother's Birthplace,* An. county
8. *Full Name of Father,* Dick Fowler
9. *Father's Occupation,* labor
10. *Father's Birthplace,* An county

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park-Av

Remarks,

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

O. A. A

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7 October
4. *Place of Birth, (Street and Number)* 74 Lewis St
5. *Full Name of Mother,* Bridget Duffy
6. *Mother's Maiden Name,* " Clark
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* P. J. Duffy
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return J. A. Gross

Address, 137 Orleans St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 7th
4. *Place of Birth, (Street and Number)* No 93 Granby st
5. *Full Name of Mother,* Ma" Anna ~~Ma~~ Clair
6. *Mother's Maiden Name,* Anna Meara
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Clair
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 18698

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 12 1892

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Birth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 1 1892
4. *Place of Birth, (Street and Number)* No 1 Randall St
5. *Full Name of Mother* Johanna Anderson
6. *Mother's Maiden Name* Johanna Hoff
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Alex Anderson
9. *Father's Occupation* Laborer Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Donaldson

Address 152 Hart Ave

Remarks Mother and Child doing well

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

1862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Dec. 8. 1862.
4. *Place of Birth (Street and Number)* 52 N. Washington St.
5. *Full Name of Mother* Annie Garrett
6. *Mother's Maiden Name* Clark
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* David Garrett
9. *Father's Occupation* Captain Brig
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

58700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 7 1892
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. *Sex (~~state whether Male or~~ Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* ~~Baltimore~~ Oct 8th 1892

4. *Place of Birth (Street and Number)* Nr 128 N. Broadway

5. *Full Name of Mother* Sarah E Mann

6. *Mother's Maiden Name* " " Smyth

7. *Mother's Birthplace* Baltimore md

8. *Full Name of Father* John C Mann

9. *Father's Occupation* Salesman

10. *Father's Birthplace* Carroll Co md

Name of Medical Attendant, or other Person who makes this Return. James A Steuart M.D.

Address 93 Park ave

Remarks Forceps case. great difficulty - long labor
child weighed 14½ pounds.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

58701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 21
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 8th September 1882

4. Place of Birth (Street and Number) 182 S. Fremont Street

5. Full Name of Mother Mary Ellen Sawyers

6. Mother's Maiden Name Clark

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Sawyers

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson M.D.

Address Lombard & Fremont Sts

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 58/02

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	5th Oct 1858
4. *Place of Birth, (Street and Number)*	53 Hanover
5. *Full Name of Mother,*	Caroline Bull.
6. *Mother's Maiden Name,*	Caroline Thompson
7. *Mother's Birthplace,*	Ball
8. *Full Name of Father,*	Elijah Bull.
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return	H W Websaf
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

Name of Child: Harry Conner Anderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 8th 1882

4. Place of Birth, (Street and Number) 231 E Eager St

5. Full Name of Mother, Priscilla Anderson

6. Mother's Maiden Name, Priscilla Duffett

7. Mother's Birthplace, Ireland

8. Full Name of Father, Isaac Anderson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dora Hallquist

Address, 181 E Monument

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 8th
4. *Place of Birth, (Street and Number)* 19 Arch St.
5. *Full Name of Mother,* Emily Watkins
6. *Mother's Maiden Name,* " —
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jos. Watkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return H F Hill M D

Address, 443 Franklin St.

Remarks,

OCT 25 1882

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* October the 8
4. *Place of Birth, (Street and Number)* 1005 St 3016
5. *Full Name of Mother,* Francis Palmer
6. *Mother's Maiden Name,* Shorts
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Palmer
9. *Father's Occupation,* Single
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, 1005 St 3008

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 24 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 6 1882
4. *Place of Birth, (Street and Number)* Res 241 S Sharp Street
5. *Full Name of Mother,* Emilie Leippold
6. *Mother's Maiden Name,* Market
7. *Mother's Birthplace,* Kent County
8. *Full Name of Father,* Conrad Leippold
9. *Father's Occupation,* Machenist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Nroh

Address, 328 S. Eutaw St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
OCT
31
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* October 8th 1882
4. *Place of Birth,* (Street and Number) No 167 N. Carey St.
5. *Full Name of Mother,* Mary Lizzie Welham
6. *Mother's Maiden Name,* " " Ousler
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wesley Kingfield Welham
9. *Father's Occupation,* Butter Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wimbles M.D.

Address, No 205 W. Lombard St

Remarks, Baltimore Md

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 31 1882
BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex.* (state whether male or female)	Female
2. *Race or Color.* (if not of the white race)	
3. *Date of Birth.*	October 8th 1882
4. *Place of Birth.* (Street and Number)	171 Chopstank Sts
5. *Full Name of Mother.*	Matilda Kineske
6. *Mother's Maiden Name.*	" David
7. *Mother's Birthplace.*	Germany
8. *Full Name of Father.*	John Kineske
9. *Father's Occupation.*	Laborer
10. *Father's Birthplace.*	Germany.
Name of Medical Attendant, or other Person who makes this Return	Mrs E Belz
Address.	120 Bank st
Remarks.	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58709

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 8th 1882
4. *Place of Birth (Street and Number)* 67 Canover St
5. *Full Name of Mother* Anne E. Koethe
6. *Mother's Maiden Name* Anne E. Naff
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm A. Koethe
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 343 W Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mo, 8, Dy
4. *Place of Birth, (Street and Number)* No. 263, Argut. St,
5. *Full Name of Mother,* Katie Geis
6. *Mother's Maiden Name,* Katie Moram
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Moram
9. *Father's Occupation,* Laefer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Lauer

Remarks, 173 Harfer cru,

1881

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

18711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 10 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 8th 1882
4. *Place of Birth* (Street and Number)	N. Stricker St No 439
5. *Full Name of Mother*	Alice J. Shane
6. *Mother's Maiden Name*	Alice J. Shan
7. *Mother's Birthplace*	Baltimore Co
8. *Full Name of Father*	John H. H. Shane
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	L. S. Sparrow M.D
Address	
Remarks	

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58712

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 8th 1882
4. *Place of Birth, (Street and Number)* 526 South Charles St
5. *Full Name of Mother* Addie Lewis
6. *Mother's Maiden Name* Addie Kerwin
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* John Lewis
9. *Father's Occupation* Ploughmaker
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St.

Remarks

RETURN OF A BIRTH 18713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 5th 1882
4. *Place of Birth, (Street and Number)* 1738 Hanover st
5. *Full Name of Mother,* Laura Bloss
6. *Mother's Maiden Name,* Laura Dixon
7. *Mother's Birthplace,* York Pa
8. *Full Name of Father,* John Bloss
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt. Co. md

Name of Medical Attendant, or other Person who makes this Return E Hinton

Address, No 23 Patapsco st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 10/82

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Chil

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 4th, E. 1882
4. *Place of Birth, (Street and Number)* Bank St. No 2
5. *Full Name of Mother,* Caroline Ludwig
6. *Mother's Maiden Name,* Caroline Isabel
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Theodor Ludwig
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Gallus St. No 26.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 10/82

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 8, 1882
4. *Place of Birth, (Street and Number)* N. Dallas St. No 31.
5. *Full Name of Mother,* Laura Bennett
6. *Mother's Maiden Name,* Laura Moore
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Robert Bennett
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8th 1882 Oct 10/82
4. Place of Birth, (Street and Number) Eastern Ave. No 28
5. Full Name of Mother, Mary Hoffman
6. Mother's Maiden Name, Mary Lynch
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Mary Hoffman
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return Mary E. Hutton

Address, Eastern Ave No 28

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 8th 1882
4. *Place of Birth (Street and Number)* No 103 N Spring St
5. *Full Name of Mother* Mary E Gossets
6. *Mother's Maiden Name* Mary E. Gossets
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Charles Wilson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Catharine Corsey

Address 187 N Spring St

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 11 1892 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 8th.
4. *Place of Birth, (Street and Number)*	225 W. Lomt. St.
5. *Full Name of Mother,*	Bertha Strouse
6. *Mother's Maiden Name,*	Bertha Samstag
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Sam'l Strouse
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	2 Cathedral St.
Remarks,	

JOHN B. BELT, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5-4-

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, October 8-4-1882
4. Place of Birth, (Street and Number) 321 E. John st
5. Full Name of Mother Mary F. Taylor
6. Mother's Maiden Name, " " Kommerer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. H. Taylor
9. Father's Occupation, mariner
10. Father's Birthplace, St Marys County Maryland

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, Cor 238 N Broadway

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58/3A

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 8th 1882
4. *Place of Birth, (Street and Number)* 116 Warner St
5. *Full Name of Mother,* Luizzieta Ennis
6. *Mother's Maiden Name,* Lizzie Schaw
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Robert Ennis
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Shaffer

Address, 114 Ridgley St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58721

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* born on the 8th of Oct. 1882
4. *Place of Birth, (Street and Number)* W. Fayette St.
5. *Full Name of Mother,* Anna Blankner
6. *Mother's Maiden Name,* A. ~~Oss~~ ~~Os~~ Osman
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Lurence Blankner
9. *Father's Occupation,* Milk Dealer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Miss Hiller

Address, 1017 W. Pratt St.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2 nd Child
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	Oct 8 th 1882
4. *Place of Birth,* (*Street and Number*)	No 154 Leadenhall st
5. *Full Name of Mother.*	Anna Helein
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	America
8. *Full Name of Father.*	John Helein
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	C. Longaker midwife
Address,	330 Hanover st.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 8th
4. *Place of Birth, (Street and Number)* No 58 Lourbard st
5. *Full Name of Mother,* Silesa S Galam
6. *Mother's Maiden Name,* Mackelway
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry ~~Galam~~ S Galam
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 58724

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV. 8 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st ~~1882~~

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 9th 1882

4. Place of Birth (Street and Number) 769 Boundary ave,

5. Full Name of Mother ———

6. Mother's Maiden Name ———

7. Mother's Birthplace Carroll Co. Md.

8. Full Name of Father ———

9. Father's Occupation ———

10. Father's Birthplace ———

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks This child was illegitimate - and other facts could not be obtained

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 9th 1892
4. *Place of Birth, (Street and Number)* 180 St. Paul St
5. *Full Name of Mother,* Fannie Waters
6. *Mother's Maiden Name,* Fannie Scott
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Frank E Waters
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return S. W. Hillenberger

Address, 121 W. Monument St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58726

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 3rd
4. *Place of Birth, (Street and Number)* 253 Lee st
5. *Full Name of Mother,* Rachel Preston
6. *Mother's Maiden Name,* " Dann
7. *Mother's Birthplace,* " Baltimore
8. *Full Name of Father,* Edward Preston
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return C. L. Duddenbohn M.D.

Address, 166 S. Paca st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58727

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Oct
4. *Place of Birth, (Street and Number)* 25 Rack St
5. *Full Name of Mother,* ~~Ida~~ Paulina Wagner
6. *Mother's Maiden Name,* Gross
7. *Mother's Birthplace,* Saxony
8. *Full Name of Father,* Fredk John Wagner
9. *Father's Occupation,* Butter
10. *Father's Birthplace,* ~~Baltimore~~ Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Dunter

Address, No 60 Schroeder St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 9/82
4. *Place of Birth, (Street and Number)*	497 N. Gilmor
5. *Full Name of Mother,*	Bettie Stanforth Williams
6. *Mother's Maiden Name,*	" " Somervell
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Saml Chew Williams
9. *Father's Occupation,*	Collector for Gas Co
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie
Address,	39 N. Carey St.
Remarks,	

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 9th 82
4. *Place of Birth, (Street and Number)* 109 Mulberry St.
5. *Full Name of Mother,* Martha E. Klinesmith
6. *Mother's Maiden Name,* Martha E. Powell
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Klinesmith
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J. Heller M.D.

Address, 188 Franklin St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5873a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9 1882
4. *Place of Birth, (Street and Number)* 572 Hanover St
5. *Full Name of Mother,* Mollie Bast
6. *Mother's Maiden Name,* Mollie Willis
7. *Mother's Birthplace,* Talbot Co Maryland
8. *Full Name of Father,* John Bast
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Z. K. Wiley MD

Address, 158 Hanover St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	October 9th 1882.
4. *Place of Birth*, (*Street and Number*)	No 204 E. Madison St.
5. *Full Name of Mother*,	Annie Sihp
6. *Mother's Maiden Name*,	Annie Fussmann
7. *Mother's Birthplace*,	York Pensilvania
8. *Full Name of Father*,	Luce Sihp
9. *Father's Occupation*,	Tanner
10. *Father's Birthplace*,	Balto.
Name of Medical Attendant, or other Person who makes this Return	M. A. Batt.
Address,	No 185. E. cor Central av & Monument St.
Remarks,	All Well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Office Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 4 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 9/92
4. *Place of Birth, (Street and Number)*	# 92 Block St
5. *Full Name of Mother,*	Mary Cook
6. *Mother's Maiden Name,*	Bodes
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Cook
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	226 Canton Ave
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 24 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* ~~~
3. *Date of Birth,* Oct. 9th 1882
4. *Place of Birth, (Street and Number)* No 334 Hamburg St.
5. *Full Name of Mother,* Julie Burdman
6. *Mother's Maiden Name,* Wards
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henrich Burdman
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Koch

Address, No 328 S Eutaw St.

Remarks,

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 10/82

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 9, 1882
4. Place of Birth, (Street and Number) N. Wolfe St., No. 190
5. Full Name of Mother, Sophia Treut
6. Mother's Maiden Name, Sophia Pausch
7. Mother's Birthplace, Balt. Ctr.
8. Full Name of Father, Georg. A. Treut
9. Father's Occupation, Cigarren maker
10. Father's Birthplace, Nieder florstadt Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1 Dallas St. No. 20

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 10/82

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 9th 82
4. *Place of Birth, (Street and Number)* N. Bethel St. No 105
5. *Full Name of Mother* Charlotte Richter
6. *Mother's Maiden Name,* Charlotte Seibert
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Lorenz Richter
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Hatter

Address, N. Gallas St. No 26.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58736

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 9. 1882
4. Place of Birth, (Street and Number) 458 Orleans St
5. Full Name of Mother, Anna E Grey
6. Mother's Maiden Name, Vicery
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. M Grey
9. Father's Occupation, Can Maker
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh st

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO. CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend ...rst or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58737

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	9 of October
4. Place of Birth (Street and Number)	No 1 Parsons Alley
5. Full Name of Mother	Rachael Fredricks
6. Mother's Maiden Name	Rachael Blake
7. Mother's Birthplace	Anne Arundel County M. Rivers
8. Full Name of Father	Thomas Fredricks
9. Father's Occupation	Works on the farm
10. Father's Birthplace	Frederick City
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address	212 Dover Street
Remarks	Mother and child doing well

RETURN OF A BIRTH

58738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* 7 October
4. *Place of Birth, (Street and Number)* Cookes Street No 22
5. *Full Name of Mother,* Mary Coyne
6. *Mother's Maiden Name,* Mary Murphi
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mickel Coyne
9. *Father's Occupation,* Lahuer
10. *Father's Birthplace,* Ierland

Name of Medical Attendant, or other Person who makes this Return Mrs Margaretha Ettel

Address. Cuba St N 13.

Remarks. Locust Point

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex* (state whether *Male* or *Female*)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 9th 1882
4. *Place of Birth* (Street and Number)	No 1 Laindvale Street
5. *Full Name of Mother*	Maggie E. Tabling
6. *Mother's Maiden Name*	Maggie E. Decker
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Gerhart H. Tabling
9. *Father's Occupation*	Tayler
10. *Father's Birthplace*	Gluckenburg Germany
Name of Medical Attendant, or other Person who makes this Return.	A. Gilbertson
Address	1437 N. Central Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

58740

OCT 11 1882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth October 9th 1882
4. Place of Birth (Street and Number) Cor Fulton av & Livingston
5. Full Name of Mother Elizabeth R Clark
6. Mother's Maiden Name Elizabeth R Booker
7. Mother's Birthplace Lynchburg Va
8. Full Name of Father James Clark
9. Father's Occupation Cattle Dealer
10. Father's Birthplace Neonard Co Mo

Name of Medical Attendant, or other Person who makes this Return. J. C. Shimer & Mo

Address 41 N. Avery St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

58741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 11 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. *Sex,* (state whether male or ~~female~~) male
2. *Race or Color,* (if not of the white race) Mulatto.
3. *Date of Birth,* 9 Oct. 1882
4. *Place of Birth,* (Street and Number) 16 Courtland St
5. *Full Name of Mother,* Mary Wright
6. *Mother's Maiden Name,* Mary Blair
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Colvin Wright
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* +

Name of Medical Attendant, or other Person who makes this Return. A. McKenzie M.D.

Address, 119 N Charles St

Remarks, Did not deliver infant but was called three hours after to deliver after birth.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58742

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. October 11th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 9th 1882.
4. *Place of Birth, (Street and Number)* 288 Lombard St
5. *Full Name of Mother,* Mary Schaefer.
6. *Mother's Maiden Name,* Mary Arald
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Michel Schaefer.
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, No 137 O. Wolfe St.

Remarks, —

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1874 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* October 10 1882
4. *Place of Birth, (Street and Number)* no 4 ascaly
5. *Full Name of Mother,* mary blaz
6. *Mother's Maiden Name,* mary Gibson
7. *Mother's Birthplace,* glosty county va
8. *Full Name of Father,* lev blaz
9. *Father's Occupation,* patraden horses
10. *Father's Birthplace,* elcret city Oc

Name of Medical Attendant, or other Person who makes this Return mary an dorsey

Address, 53 perry street

Remarks, five dollars

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

58742

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. October 11th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 9th 1882
4. *Place of Birth, (Street and Number)* 258 Lombard St
5. *Full Name of Mother,* Mary Schaefer
6. *Mother's Maiden Name,* Mary Arald
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Michel Schaefer
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, No 137 S. Wolfe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 11 1881
4. *Place of Birth, (Street and Number)*	no 4 ascogly
5. *Full Name of Mother,*	mary blaz
6. *Mother's Maiden Name,*	mary Gibson
7. *Mother's Birthplace,*	glostey county va
8. *Full Name of Father,*	lew blaz
9. *Father's Occupation,*	peatraden horses
10. *Father's Birthplace,*	elcott city md
Name of Medical Attendant, or other Person who makes this Return	mary anderson
Address,	53 perry st
Remarks,	five dollars

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

87744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
18
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 10th 1882
4. *Place of Birth (Street and Number)* 25 George st
5. *Full Name of Mother* Caroline Ellen Bray
6. *Mother's Maiden Name* " " Kettle
7. *Mother's Birthplace* London - England
8. *Full Name of Father* George Washington Bray
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M.D.

Address 47 Edmondson

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

58745

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 10th 1882
4. *Place of Birth, (Street and Number)*	56 S. Broadway
5. *Full Name of Mother,*	Birdie Eliza Londerman
6. *Mother's Maiden Name,*	Riggs.
7. *Mother's Birthplace,*	Frederick Co. Md.
8. *Full Name of Father,*	Frederick Rob Londerman
9. *Father's Occupation,*	House Carpenter
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Hoen [illegible]
Address,	375 E. Baltimore St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

over 58746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

Name of Child: John W. M. Evans

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th October at 8 o'clock
4. Place of Birth (Street and Number) Townsend Street
5. Full Name of Mother Annie ~~[illegible]~~ Evans
6. Mother's Maiden Name Annie Cowan
7. Mother's Birthplace Baltimore County
8. Full Name of Father G. W. Evans
9. Father's Occupation Resident of Pikesville Dairy Company
10. Father's Birthplace Prince George's County Md.

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson M.D.

Address 169 North Mount Street

Remarks A fine son of 9½ lb. clean & healthy. I think he will make a good soldier if he should live to the proper age.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

58747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh (11th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 10th 1882
4. *Place of Birth, (Street and Number)*	No 34 Abbott St
5. *Full Name of Mother,*	Christina Kidelbein
6. *Mother's Maiden Name,*	" Dreilip
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Kidelbein
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Laubercoe Wirginie
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 10th 1882
4. *Place of Birth, (Street and Number)*	10 Gough Street
5. *Full Name of Mother,*	Mary Sophia Cox
6. *Mother's Maiden Name,*	Nine
7. *Mother's Birthplace,*	Washington Co. Md
8. *Full Name of Father,*	Wm Henry Cox
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Washington County Md
Name of Medical Attendant, or other Person who makes this Return	S W Selvurella
Address,	S E Cor Eager & Caroline Streets
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 10 - 82.
4. Place of Birth, (Street and Number) 79 Jasper St.
5. Full Name of Mother, Sarah Bourdley.
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto.
8. Full Name of Father,
9. Father's Occupation, Laborer
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return B. B. Browne M. D.

Address, } Attended from the Out-patient Obstetrical

Remarks, } department of Woman's & Childs Hospital 126 North Eutaw Street

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58/11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 10 Oct
4. *Place of Birth,* (*Street and Number*) 6 Central ave.
5. *Full Name of Mother,* Ella Whitehill
6. *Mother's Maiden Name,* " Carr
7. *Mother's Birthplace,* Massachusetts
8. *Full Name of Father,* Henry Whitehill
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Albig

Address, 45 Holland st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

55751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 (over)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 10 October
4. *Place of Birth, (Street and Number)* 17 Forster Lane
5. *Full Name of Mother,* Channa Goldman
6. *Mother's Maiden Name,* " Oppenheimer
7. *Mother's Birthplace,* France
8. *Full Name of Father,* Moses Goldman
9. *Father's Occupation,* Glazer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ullrig

Address, 48 Hull st

Remarks,

Full name of child: Harry Goldman

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58/112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 21 1892
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 10/92
4. *Place of Birth, (Street and Number)*	# 280 Bank St
5. *Full Name of Mother,*	Zipporah J. Davis
6. *Mother's Maiden Name,*	Zipporah J. Jarvis
7. *Mother's Birthplace,*	Matthews County Va
8. *Full Name of Father,*	~~George E. Davis~~ George E. Davis
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs. H. Knowles
Address,	136 S. Caroline St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

88/153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 23
1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 10th October
4. *Place of Birth, (Street and Number)* Washington ave no 30
5. *Full Name of Mother,* Francis Dennis
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Columbus dennis
9. *Father's Occupation,* Single
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Josyeline Wilson

Address, Road St 3068

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18754

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10th 1882
4. *Place of Birth, (Street and Number)* No 60 N Green St
5. *Full Name of Mother,* Louisa Burgess
6. *Mother's Maiden Name,* Same
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo A. Rutter
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Frederick City

Name of Medical Attendant, or other Person who makes this Return Th. F. Owens

Address, No 57 N. Paca St

Remarks,

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 2 1885

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 te

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 10. 82
4. Place of Birth, (Street and Number) E. Wolfst 68
5. Full Name of Mother, Amalie Fiedel
6. Mother's Maiden Name, Fiedel
7. Mother's Birthplace, Sachsen
8. Full Name of Father, Christian Fiedel
9. Father's Occupation, Schuhmacher
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Wm. F. Bomboch

Address, E. Wolf 14

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 88756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 10th 02
4. *Place of Birth, (Street and Number)*	Belvedre St
5. *Full Name of Mother,*	Rosie Schaufelberger
6. *Mother's Maiden Name,*	Walcher
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Albert Schaufelberger
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	256 Canton Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 10. 1852
4. *Place of Birth, (Street and Number)*	292 N Wolfe St
5. *Full Name of Mother,*	Sarah A Grove
6. *Mother's Maiden Name,*	Allen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John T Grove
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary A Mudd
Address,	226 N Longhst
Remarks,	

J. D. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 17 1
1892
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second {2nd}
1. *Sex* (state whether Male ~~or Female~~)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 10th 1892
4. *Place of Birth* (Street and Number)	# 305 East Lombard
5. *Full Name of Mother*	Kate E. Wilkinson
6. *Mother's Maiden Name*	" " Roche
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Saml E Wilkinson
9 *Father's Occupation*	Fireman on Tug boat
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	H. E. Parks MD
Address	241 E Balto St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 55759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2

1. *Sex.* (*state whether male or female*) Male
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth,* 10th Oct 1882
4. *Place of Birth,* (*Street and Number*) Balto Wolfe No 20
5. *Full Name of Mother,* Helena Baldwin
6. *Mother's Maiden Name,* Helena Klopska
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jas. Baldwin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Klopska

Address, No 69 N. Washington St

Remarks,

Mary Klopska

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5576a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday 10 of October in past Six o'clock 1882
4. *Place of Birth, (Street and Number)* Baltimore Born in No 122 Columbia Ave
5. *Full Name of Mother,* Mary Grevelding
6. *Mother's Maiden Name,* Mary Schwartz
7. *Mother's Birthplace,* Baltimore City State of Maryland
8. *Full Name of Father,* Martin Grevelding
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Trier Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Gunigunde Schleifer

Address, 20 Columbia Ave

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 17

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 3rd. Child

1. *Sex* (*state whether male or ~~female~~*) Male
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* October 10: 1882 5 P.M.
4. *Place of Birth* (*Street and Number*) 6 N Canal
5. *Full Name of Mother* Eliz Jane Whitehill
6. *Mother's Maiden Name* E. J. Pullen
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry Whitehill
9. *Father's Occupation* Steel Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 299 E Baltimore St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Oct the 10th 1882
4. *Place of Birth, (Street and Number)* No 321 Fort ave
5. *Full Name of Mother* Anna ~~Leonard~~ Cherry
6. *Mother's Maiden Name* Anna Leonard
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Cherry
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Carnal Maid wife

Address No 317 Fort ave

Remarks Mother and child drewing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

587 63

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	October 10th 1882.
4. Place of Birth (Street and Number)	104 N Carrollton Ave.
5. Full Name of Mother	Minnie Rose Kesmodel.
6. Mother's Maiden Name	Minnie Rose Alexander,
7. Mother's Birthplace	Baltimore City,
8. Full Name of Father	Martin Kesmodel
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John I Pennington M.D.
Address	134 N Carrollton Av
Remarks	

RETURN OF A BIRTH 8874

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Second.

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* October 10th
4. *Place of Birth,* (*Street and Number*) 173 Ramsay st.
5. *Full Name of Mother,* Kate Guyon
6. *Mother's Maiden Name,* Kate Gill
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Guyon
9. *Father's Occupation,* Employed at Gas House
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Truman F Hill M D

Address. Cor Fayette & Calhoun Sts.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st Child
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Oct 10 th 1876
4. *Place of Birth*, (*Street and Number*)	N. E. corner Hanover & brown.
5. *Full Name of Mother*,	Elise Roode
6. *Mother's Maiden Name*,	Lehrke
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	Louis Roode
9. *Father's Occupation*,	Restaurant
10. *Father's Birthplace*,	Germany.
Name of Medical Attendant, or other Person who makes this Return	J. Lohmann midwife
Address,	330 Hanover st.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 12

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	4 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 10 th 1882
4. *Place of Birth, (Street and Number)*	No 4 Schoots court
5. *Full Name of Mother,*	Lina Rabe
6. *Mother's Maiden Name,*	Wemmert
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Rabe
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohwasser midwife
Address,	330 Hanover St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 12 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 10th 1882 Chester st
4. *Place of Birth, (Street and Number)* No Jefferson st 3rd door from
5. *Full Name of Mother,* Barbara Lautengler
6. *Mother's Maiden Name,* Barbara Ramming
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Pete Lautengler
9. *Father's Occupation,* Engenneer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Kenn Hillyer

Address. 1526 Monument st

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or f~~emale~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11th 1882
4. *Place of Birth, (Street and Number)* X 40 S. Schroder St
5. *Full Name of Mother,* Mary Glenn
6. *Mother's Maiden Name,* " Higgins
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Dennis Glenn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return H. L. Spear Mdr

Address, 387 W Lombard St

Remarks, Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth 12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 11th 1882
4. *Place of Birth, (Street and Number)*	288. N. Central Avenue
5. *Full Name of Mother,*	Catherine Parr
6. *Mother's Maiden Name,*	Busch
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Conrad Parr
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. W. Feldmeier
Address,	S.E. Cor Bayer & Caroline Streets
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH 18778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 11th 1882
4. *Place of Birth, (Street and Number)*	97 McElderry Street
5. *Full Name of Mother,*	Louisa Scherer
6. *Mother's Maiden Name,*	Hauterich
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Henry Scherer
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other Person who makes this Return	F. W. Selbrede MD
Address,	S. E. Cor Bayard Caroline Street
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 11th 1882
4. *Place of Birth, (Street and Number)*	178 N Monroe street
5. *Full Name of Mother*	Annie Eliza Grange
6. *Mother's Maiden Name,*	Warner
7. *Mother's Birthplace,*	Cleveland Ohio
8. *Full Name of Father,*	Frederick Clarence Grange
9. *Father's Occupation,*	Travelling Salesman
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	S. W. Seldon M. D.
Address,	S. E. Cor Eager & Caroline Streets
Remarks,	

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d~~, &c.)

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* October 11th 1872
4. *Place of Birth,* (*Street and Number*) # 9 Holland Street
5. *Full Name of Mother,* Florence Bray
6. *Mother's Maiden Name,* " Lockhart
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robt Bray
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Fredericksburg Va

Name of Medical Attendant, or other Person who makes this Return — A L Spicer M.D.

Address, 357 W. Lombard St

Remarks,

It shall be the duty of the Board of Health to secure the correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5877 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 11 October
4. *Place of Birth, (Street and Number)* 60 Arbamarle street
5. *Full Name of Mother,* Alice Stetz
6. *Mother's Maiden Name,* Reighly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. Stetz
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lumbard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~ (if not of the white race)*	
3. *Date of Birth,*	11 October
4. *Place of Birth, (Street and Number)*	32 Style street
5. *Full Name of Mother,*	M. W. Johnson
6. *Mother's Maiden Name,*	Storey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Johnson
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11 1882
4. *Place of Birth, (Street and Number)* No 284 N. Bond st
5. *Full Name of Mother,* Mary Kirsch
6. *Mother's Maiden Name,* Mary Schuller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Kirsch
9. *Father's Occupation,* Sergen of Police
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address. 152 E Monument st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 2 1892 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 11th
4. *Place of Birth (Street and Number)* 202 Penn Ave.
5. *Full Name of Mother* Della Wakeman
6. *Mother's Maiden Name* Della Murray
7. *Mother's Birthplace* Harford Co. Md.
8. *Full Name of Father* John A. Wakeman
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 152 Townsend St

Remarks

7-
11
202
Della
Murray
Harford
John A.
Farmer
Harford

RETURN OF A BIRTH 58777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	11th September
4. *Place of Birth, (Street and Number)*	1010 Cross St
5. *Full Name of Mother,*	Henrietta Hunt
6. *Mother's Maiden Name,*	Weeks
7. *Mother's Birthplace,*	Kent Island
8. *Full Name of Father,*	John Hunt
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Wilson
Address,	Cross St 3068
Remarks,	

OCT 23 1882

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11th 1882
4. *Place of Birth, (Street and Number)* 2 St Peters Street
5. *Full Name of Mother,* C. G. Schidt
6. *Mother's Maiden Name,* C. G. Simms
7. *Mother's Birthplace,* Warren Co Va
8. *Full Name of Father,* August W. Scheidt
9. *Father's Occupation,* Carver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return J. R. Wiley MD

Address, 15 S Hanover Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 11. 82.
4. *Place of Birth, (Street and Number)* E Lombardy str 246
5. *Full Name of Mother,* Anna Ahns
6. *Mother's Maiden Name,* Amlin
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Heinrich Ahns
9. *Father's Occupation,* Conductor
10. *Father's Birthplace.* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Rausbach

Address, S. Wolf 14

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 13t

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 11. 82.
4. Place of Birth, (Street and Number) N. Durham's tr 117
5. Full Name of Mother, Mary Eichhorn
6. Mother's Maiden Name, Hermer
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Geory Eichhorn
9. Father's Occupation, Bag maker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm. Fch Rombach

Address, N. Wolf's tr 14

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. tr Kind

1. *Sex, (state whether male or female)* Bub

2. *Race or Color, (if not of the white race)* Weiß

3. *Date of Birth,* geboren den 11. October

4. *Place of Birth, (Street and Number)* No 210 Alexander Str.

5. *Full Name of Mother,* Mama Stinser

6. *Mother's Maiden Name,* Mamer Stoomer

7. *Mother's Birthplace,* Deutschland

8. *Full Name of Father,* Vinnie Stiner

9. *Father's Occupation,* Camper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Pridesville Kaufmann

Address, N. 202 S. Dallas Str.

Remarks. Alabama

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Kind

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* Geboren den 11 October
4. *Place of Birth, (Street and Number)* 215 Regentrop St.
5. *Full Name of Mother,* Schöne Hannah
6. *Mother's Maiden Name,* Schöne Mell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Schöne Hannah
9. *Father's Occupation,* Clown
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Frederike Kaufmann

Address, No. 222 S. Dallas St.

Remarks. Geboren

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11th
4. *Place of Birth, (Street and Number)* 45 Stockton
5. *Full Name of Mother,* Mary Mantler
6. *Mother's Maiden Name,* " Sauerwein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mantler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return G. W. Ainis M.D.

Address. S.W. Cor Presstin & Stricker

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or ~~female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 11th 5 45 A.M. Boy.
4. *Place of Birth (Street and Number)* 235 Jefferson St.
5. *Full Name of Mother* Emma Ezier Seal
6. *Mother's Maiden Name* E. A. Houston
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Phillip Seal
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D.

Address 299 E. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58/85

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Oct 11th 1882
4. *Place of Birth, (Street and Number)* No 55 Bird st
5. *Full Name of Mother* Bosanna Lotice
6. *Mother's Maiden Name* Bosana Lions
7. *Mother's Birthplace* M. D.
8. *Full Name of Father* Fredrick Lotice
9. *Father's Occupation* Laborer
10. *Father's Birthplace* M. D.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Cornal Mid wife

Address No 317 fort ave

Remarks mother and child doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58786

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 11. 1882.
4. Place of Birth (Street and Number)	7 Argyle Ave.
5. Full Name of Mother	Hester A. Stone
6. Mother's Maiden Name	" " Kretchmer
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Wm Stone.
9. Father's Occupation	Salesman
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	John T. King M.D.
Address	215 Carroll
Remarks	

RETURN OF A BIRTH.

58787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 11th 1882.
4. Place of Birth (Street and Number)	88 N. Sharp
5. Full Name of Mother	Ella F. Heugg
6. Mother's Maiden Name	Ella F Yeiger
7. Mother's Birthplace	Reading Pa
8. Full Name of Father	Richard E Heugg
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	[signature] Physician M.D.
Address	No 584 W. Fayette St.
Remarks	Result of a fall

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 15788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2nd Child

1. *Sex*, (*state whether ~~male or female~~*)
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, October the 11th 1892
4. *Place of Birth*, (*Street and Number*)
5. *Full Name of Mother*, Emilie Brown
6. *Mother's Maiden Name*, Emilie Booth
7. *Mother's Birthplace*, Baltimore City
8. *Full Name of Father*, Joseph Brown
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1 Eutaw Place

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58788 1/2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 8th 11 1892
4. *Place of Birth, (Street and Number)* E. Wolfe St. No 206
5. *Full Name of Mother,* Elise Becker
6. *Mother's Maiden Name,* Elise Schmidt
7. *Mother's Birthplace,* Osnabrück, K. Preussen, Germany
8. *Full Name of Father,* Heinrich Becker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Osnabrück, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 15789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	October 11th 1882
4. *Place of Birth*, (*Street and Number*)	509 Light
5. *Full Name of Mother*,	Ann Callahan
6. *Mother's Maiden Name*,	Ann Gable
7. *Mother's Birthplace*,	Virginia
8. *Full Name of Father*,	Mathias Callahan
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Maryland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D
Address,	1460 Ramsay
Remarks,	

OCT 14 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58790

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 11th 1887
4. *Place of Birth, (Street and Number)*	119 West St
5. *Full Name of Mother,*	Sophia Sutton
6. *Mother's Maiden Name,*	Sophia Boyce
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James Sutton
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook MD
Address,	146 Hanover St
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

58791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Oct 11th 1882
4. Place of Birth (Street and Number)	368 Hamburg St.
5. Full Name of Mother	Elizabeth
6. Mother's Maiden Name	Bode
7. Mother's Birthplace	Germany
8. Full Name of Father	August Cronenberg
9 Father's Occupation	Box Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Jno S Smith MD
Address	281 S. Charles St
Remarks	

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 18792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4th
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	October 11th
4. *Place of Birth,* (*Street and Number*)	No 46 - 48 Caroline st
5. *Full Name of Mother,*	Elizabeth A Hercke
6. *Mother's Maiden Name,*	Simon
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Hercke
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sothild Saimon
Address,	No 70 Granby st
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5879 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 10. 11. 82
4. *Place of Birth (Street and Number)* 101 Argyle ave
5. *Full Name of Mother* Genjiana Armstrong
6. *Mother's Maiden Name* Beall
7. *Mother's Birthplace* Augusta - Ga.
8. *Full Name of Father* James O. Armstrong
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Wm Eastman

Address 349 Lerch

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Oct 11/87

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Blk Colored
3. *Date of Birth,*	half past eleven o'clock
4. *Place of Birth, (Street and Number)*	85 ½ Durham St
5. *Full Name of Mother,*	Carlean Henson
6. *Mother's Maiden Name,*	Carlean Sleper
7. *Mother's Birthplace,*	Anapaul County
8. *Full Name of Father,*	Charles Henson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Anapaul County
Name of Medical Attendant, or other Person who makes this Return.	Susan Morgan
Address,	47 North Durham
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 4 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether ~~1st, 2d, 3d, &c.~~*)	7
1. *Sex*, (*state whether male or ~~female~~*)	
2. *Race or ~~Color~~* (*if not of the white race*)	
3. *Date of Birth*,	Oct 11, 1882
4. *Place of Birth*, (*Street and Number*)	627 N. Gay St.
5. *Full Name of Mother*,	Mary E. Kepler
6. *Mother's Maiden Name*,	Howard
7. *Mother's Birthplace*,	Balto.
8. *Full Name of Father*,	Geo Kepler
9. *Father's Occupation*,	Bell Hanger
10. *Father's Birthplace*,	Balto City
Name of Medical Attendant, or other Person who makes this Return	Wm Pitts, M.D.
Address,	347 N. Broadway
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1574

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11. 82
4. *Place of Birth, (Street and Number)* # 14, Penn St
5. *Full Name of Mother,* Mary Hunter
6. *Mother's Maiden Name,* Mary Fuller
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm. P. Hunter
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return Mr Tomblin

Address, Wm P Hunter # 14 Penn St Balto Md

Remarks, Child in good health

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* Oct. 12th 1882.
4. *Place of Birth (Street and Number)* 129 Druid Hill avenue.
5. *Full Name of Mother* Mary Elizabeth Crisp.
6. *Mother's Maiden Name* Mary E. Bias
7. *Mother's Birthplace* Talbot Co. Md.
8. *Full Name of Father* Solomon Crisp.
9. *Father's Occupation* Waiter.
10. *Father's Birthplace* Talbot Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Bias.

Address 271 N. Bilde st.

Remarks

RETURN OF A BIRTH

58778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12th 1882
4. Place of Birth, (Street and Number) No 637 W. Fay. St
5. Full Name of Mother, Caroline Summers Abrahams
6. Mother's Maiden Name, Caroline Summers
7. Mother's Birthplace, Chas. E. Abrahams
8. Full Name of Father, Ship builder
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Robt. W. Mifflin MD

Address, 188 Saratoga St - City

Remarks,

[illegible] physician, [illegible], [illegible] or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 11718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 12th 1882
4. *Place of Birth, (Street and Number)* No 637 W. Fay. St
5. *Full Name of Mother,* Caroline Summers Abrahams
6. *Mother's Maiden Name,* Caroline Summers
7. *Mother's Birthplace,*
8. *Full Name of Father,* Chas. E. Abrahams
9. *Father's Occupation,* Ship builder
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return — Robt. H. Mifflin M.D.

Address, 188 Saratoga St — City

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NOV 8 1882

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

55799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 12th 1882
4. *Place of Birth, (Street and Number)* Roland Avenue
5. *Full Name of Mother,* ~~Mo~~ Amie Bird
6. *Mother's Maiden Name,* Amie Van Pool
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Wm Lee Bird
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 121 Wilkinson [illegible]

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12th 1882
4. *Place of Birth, (Street and Number)*	No 17 Port Alley
5. *Full Name of Mother,*	Denia Miller
6. *Mother's Maiden Name,*	Denia Hore
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Miller
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A Gartell.
Address,	No 65 Burke St
Remarks,	Child's name — Caroline

OCT 13 1882 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12th 1892
4. *Place of Birth, (Street and Number)*	Eastern Avenue extended
5. *Full Name of Mother,*	Mrs Mary Krause
6. *Mother's Maiden Name,*	Miss Mary Schoenhoff
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Krause
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A Garrett
Address,	No 65 Bucke St
Remarks,	Child's name not known

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
25
1892
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12 1892
4. *Place of Birth, (Street and Number)*	No 296 E Eager St
5. *Full Name of Mother,*	Mary Edward
6. *Mother's Maiden Name,*	Jane Harman
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Nicholas Gehring
9. *Father's Occupation,*	Sugar Baker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Dana Hallcost
Address,	182 E Monument St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 12th September
4. *Place of Birth, (Street and Number)* Howard St 120
5. *Full Name of Mother,* Alverda groos
6. *Mother's Maiden Name,* Spence
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward groos
9. *Father's Occupation,* Arab
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Croos ~~[illegible]~~ St 3068

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18804

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 24 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d child

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) —
3. *Date of Birth,* No 139 Baltere Avenue Oct 12 1882
4. *Place of Birth,* (*Street and Number*) No 139 Baltere Avenue
5. *Full Name of Mother,* Louise Boesser
6. *Mother's Maiden Name,* Reitt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Boesser
9. *Father's Occupation,* Glasblaser
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Bros

Address, No 328 S Eutaw St.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18805

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.t Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 12. 1882
4. Place of Birth, (Street and Number) 578 Cross St.
5. Full Name of Mother, Maria Schulz
6. Mother's Maiden Name, Bilick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henrich Schulz
9. Father's Occupation, Reperer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Maria Heron

Address, 228 S Eutaw St.

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1880 6 (Over)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Johanna Friedericka

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 12th 1882
4. Place of Birth, (Street and Number) No 254 S Bond St
5. Full Name of Mother, Katie Friese
6. Mother's Maiden Name, " James
7. Mother's Birthplace, City
8. Full Name of Father, Fred. Friese
9. Father's Occupation, Tanner
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Baula St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 12th 1882
4. Place of Birth, (Street and Number) No 250 Baston Ave
5. Full Name of Mother, Maggeretha Friese
6. Mother's Maiden Name, " Wigand
7. Mother's Birthplace, City
8. Full Name of Father, Wm " Friese
9. Father's Occupation, Tanner
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18808

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 17 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 333 N Amer st
4. *Place of Birth, (Street and Number)* Oct 12th 1882
5. *Full Name of Mother,* Isabella Gravenstine
6. *Mother's Maiden Name,* " Cunningham
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Francis J Gravenstine
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Regina A Winter

Address, 186 Harford Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2
1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* October 12 1882
4. *Place of Birth, (Street and Number)* No 96 Frederick av.
5. *Full Name of Mother,* Johanett Warsdorfer
6. *Mother's Maiden Name,* Johanett Kremmel
7. *Mother's Birthplace,* Germani
8. *Full Name of Father,* Louis Warsdorfer
9. *Father's Occupation,* Cigarmanufacter
10. *Father's Birthplace,* Germeny

Name of Medical Attendant, or other Person who makes this Return G E Dennox

Address, No 54 Fredrick av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* femmelle
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th october
4. *Place of Birth, (Street and Number)* Cross Street 265
5. *Full Name of Mother,* Marie Pasquet
6. *Mother's Maiden Name,* Marie Dalby
7. *Mother's Birthplace,* France
8. *Full Name of Father,* François Dalby
9. *Father's Occupation,* Mason
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return Ruth Mines

Address, 1 Leadenhall St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 3 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12th 1882
4. *Place of Birth, (Street and Number)*	189 Boston Street
5. *Full Name of Mother,*	Ada C. McDaniels
6. *Mother's Maiden Name,*	Ada C. Henderson
7. *Mother's Birthplace,*	Somerset Co Md
8. *Full Name of Father,*	~~John~~ John F. McDaniels
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Somerset Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	1011 Busby Street canton
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

18812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 14 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 12th 1882
4. *Place of Birth, (Street and Number)*	262 Eastern Ave
5. *Full Name of Mother,*	Cath. Wills
6. *Mother's Maiden Name,*	Bopkammer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carl Wills
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafft
Address,	236 Canton Ave
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18813

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1892 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	October 12th 1892
4. *Place of Birth, (Street and Number)*	139 S. Dallas st
5. *Full Name of Mother,*	Susanna Henson
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Henson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr. Louisa Seaton
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

58814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Oct 1882
4. *Place of Birth, (Street and Number)* Balto. Duncan Alley No 106
5. *Full Name of Mother,* Veronika Plavinek
6. *Mother's Maiden Name,* Ver. Ptachek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Plavinek
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Raptish

Address, 69 W. Washington St

Remarks,

Mary Raptish

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 16 1892
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	5 Birth
1. *Sex*, (*state whether male or female*)	Boi
2. *Race or Color*, (*if not of the white race*)	Weit
3. *Date of Birth*,	12 Oktober
4. *Place of Birth*, (*Street and Number*)	Gov Strut. 223
5. *Full Name of Mother*,	Kathe Gotz
6. *Mother's Maiden Name*,	" " Dahm
7. *Mother's Birthplace*,	Baltimor
8. *Full Name of Father*,	Franz Gotz
9. *Father's Occupation*,	V Sailor
10. *Father's Birthplace*,	Bergen Baiern
Name of Medical Attendant, or other Person who makes this Return	Dr Maurer
Address,	
Remarks,	Lombard St. No 248

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

58816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* ..... ✓
2. *Race or Color, (if not of the white race)* White ✓
3. *Date of Birth,* October the 1st 1902 ✓
4. *Place of Birth, (Street and Number)* 1 Carlton St. 1922 ✓
5. *Full Name of Mother* Virginia Spencer ✓
6. *Mother's Maiden Name,* Virginia Schelter ✓
7. *Mother's Birthplace,* Fredericksburg, Va. U.S ✓
8. *Full Name of Father,* William Spencer ✓
9. *Father's Occupation,* Engineer Engineer ✓
10. *Father's Birthplace.* Salt Lake

Name of Medical Attendant, or other Person who makes this Return Dr. E. Miller

Address, 1 Carlton St. 1922

Remarks, ...

HEALTH DEPARTMENT OCT 14 1902 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 58817

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct. 12 1882
4. *Place of Birth, (Street and Number)* E. W. Cor. Wilkes & Wright Sts
5. *Full Name of Mother* Catherine Agnes Healy
6. *Mother's Maiden Name* " " Burns
7. *Mother's Birthplace* Annapolis Md
8. *Full Name of Father* Dennis E. J. Healy
9. *Father's Occupation* Morocco Finisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 54 Aisquith St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of October
4. *Place of Birth, (Street and Number)* 67 Portland Street
5. *Full Name of Mother,* Margaretha Lucy Robledo
6. *Mother's Maiden Name,* " M. " Wiesinger
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph A. Robledo
9. *Father's Occupation,* Harness maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs. Dunlap

Address, No. 60 Schroeder St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 12th 1882
4. *Place of Birth, (Street and Number)* 223 South Charles St
5. *Full Name of Mother,* Sophia Hitzler
6. *Mother's Maiden Name,* Sophia Bachman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Hitzler
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke Mo

Address, 146 Hanover St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18820

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 12th 1882
4. *Place of Birth, (Street and Number)* No 197 Leonard Alley
5. *Full Name of Mother,* Caroline Young
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Carlisle Pennsylvania
8. *Full Name of Father,* Not Known
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Bayard Alley

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 14 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10th 1882
4. *Place of Birth, (Street and Number)* No 12 Warner St
5. *Full Name of Mother,* Josephine Sherwood
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bath City
8. *Full Name of Father,* Richard Sherwood
9. *Father's Occupation,* Segar Maker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 11 Burgundy alley

Remarks,

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 12 1882
4. *Place of Birth, (Street and Number)*	199 Brunch St
5. *Full Name of Mother,*	Alice Gibson
6. *Mother's Maiden Name,*	Alice Kirby
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wil Gibson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs E Gray
Address,	193 Chester St
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1882 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 12 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* Oct. 12th 1882
4. *Place of Birth,* (*Street and Number*) 234 N. Broadway
5. *Full Name of Mother,* Hannah Ely
6. *Mother's Maiden Name,* " Stickodale
7. *Mother's Birthplace,* Balto. md.
8. *Full Name of Father,* Samuel Sebastian Ely
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto. md.

Name of Medical Attendant, or other Person who makes this Return P. G. Dauschund.

Address, 3 N. B'way.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC. 6 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Confinement

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12 1882
4. *Place of Birth, (Street and Number)* 98 South Exeter
5. *Full Name of Mother,* Barbara Jenneson
6. *Mother's Maiden Name,* Rodgers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A Jenneson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W. H. Diffendeffer

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

58825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 13th

4. Place of Birth (Street and Number) 140 Sevalin St Hill

5. Full Name of Mother Rosanna Baldwin

6. Mother's Maiden Name Bellows

7. Mother's Birthplace Be City Md

8. Full Name of Father Henry F. Baldwin

9. Father's Occupation Oyster Packer

10. Father's Birthplace Fair Haven Con

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address 174 Gough St

Remarks Mother & Babe doing as well as Expected

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 58826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 Oct

4. Place of Birth, (Street and Number) 69 Sommerset st,

5. Full Name of Mother, Lizzie Schmidt

6. Mother's Maiden Name, Bahn

7. Mother's Birthplace, Balt, Md

8. Full Name of Father, William Schmidd

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balt,

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allig

Address, 487 Holland

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18827

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 21
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 13th 1882
4. *Place of Birth, (Street and Number)*	No 327 Eastern Ave.
5. *Full Name of Mother,*	Mrs Mary A Mourmonier
6. *Mother's Maiden Name,*	Miss Mary A. Mack
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Mourmonier
9. *Father's Occupation,*	House Carpenter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. [illegible]
Address,	No 65 Burke St.
Remarks,	Child's name — Philip

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 13th 1882
4. *Place of Birth, (Street and Number)*	No 65 Burke St.
5. *Full Name of Mother,*	Mrs Rosa Klemm
6. *Mother's Maiden Name,*	Miss Rosa Burgoyne
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles Andrew Klemm
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett.
Address,	No 65 Burke St.
Remarks,	Child's name — Andrew

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	13 October
4. *Place of Birth, (Street and Number)*	124 Granberry street
5. *Full Name of Mother,*	Mary Wittfield
6. *Mother's Maiden Name,*	Rich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Wittfield
9. *Father's Occupation,*	Brickstore
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Capper
Address,	72 E. Lumbard
Remarks,	

OCT 1862

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18830

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 24 1882

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* oct 13 th
4. *Place of Birth (Street and Number)* No 175 S. Howard Street
5. *Full Name of Mother* Sala Cornish
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Calvert county Md
8. *Full Name of Father* John cornish colored
9. *Father's Occupation* Labor
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Mary A Barnes

Address No 51 Eden Hall Street Baltimore Md

Remarks Excellent Nurse

RETURN OF A BIRTH 58831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children four

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 13th
4. *Place of Birth, (Street and Number)* No 2 Diamond St Baltimore Md
5. *Full Name of Mother,* Josephine Celestine
6. *Mother's Maiden Name,* Josephine Wilkinson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lewis Celestine
9. *Father's Occupation,* Paver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dunnler

Address, No 60 Schroeder St.

Remarks,

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 13th 1882
4. *Place of Birth, (Street and Number)*	4 Comet St.
5. *Full Name of Mother,*	Caroline Hussey
6. *Mother's Maiden Name,*	Caroline Randol
7. *Mother's Birthplace,*	Missouri
8. *Full Name of Father,*	Jas R Hussey
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Jamil L Powell MD
Address,	429 Aisquith Street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1883 8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 18 1882
4. *Place of Birth, (Street and Number)* 265 Calhoun St
5. *Full Name of Mother,* Lizzie Fehr
6. *Mother's Maiden Name,* Lizzie Legner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Sebastien Fehr
9. *Father's Occupation,* Street Grador
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs A Mesenchl

Address, 845 Penna

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 13 th. 1882.
4. *Place of Birth, (Street and Number)* No. 125 Sliding St.
5. *Full Name of Mother* Penny Why.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore County.
8. *Full Name of Father,*
9. *Father's Occupation,* ~~Unknown~~ Unknown
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return M. F. Butt.

Address, No 185. S.E. cor Central av. & Monument St.

Remarks, All Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 58835

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother in the State 11 month

1. *Sex (state whether male or female)* ~~Female~~ Mail
2. *Race or Color, (if not of the white race)* Carlerd
3. *Date of Birth* 12 October
4. *Place of Birth, (Street and Number)* Mullikin St Court 2
5. *Full Name of Mother* Marthe E ~~[illegible]~~ Burrs
6. *Mother's Maiden Name* Easton Shore St Michel
7. *Mother's Birthplace*
8. *Full Name of Father* John Wess Burrs
9. *Father's Occupation* in the crown factory
10. *Father's Birthplace* Easton Shore Dorset Co

Name of Medical Attendant, or other Person who makes this Return. Annie Camphor

Address No 9 Union alley nex Eden

Remarks

[illegible] any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NOV 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 13, 1882
4. *Place of Birth, (Street and Number)*	29 S. Fulton Av
5. *Full Name of Mother,*	Margaret Hopkins Levinson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Howard Co. Md
8. *Full Name of Father,*	David E. Hopkins
9. *Father's Occupation,*	Farmer (recently moved to city
10. *Father's Birthplace,*	Howard Co. Md
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	322 Hollins
Remarks,	First Child

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5882 7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 13th 1882
4. *Place of Birth (Street and Number)* No 245
5. *Full Name of Mother* Kate Phelps
6. *Mother's Maiden Name* Kate Covell
7. *Mother's Birthplace* Balt city and
8. *Full Name of Father* William C Phelps
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Frederic Co md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Linton

Address No 23 Patapsco Street

Remarks

RETURN OF A BIRTH 18838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 17 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct. 13th
4. *Place of Birth, (Street and Number)*	162 Chapel St
5. *Full Name of Mother,*	Rosa Cornish
6. *Mother's Maiden Name,*	" Brooks
7. *Mother's Birthplace,*	St. Marys Co.
8. *Full Name of Father,*	John Cornish
9. *Father's Occupation,*	Wood Cornier
10. *Father's Birthplace,*	East Shore Md.
Name of Medical Attendant, or other Person who makes this Return	Henrietta Glascoe
Address,	
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Oct 1882
4. *Place of Birth, (Street and Number)* Paul St. Duncan Alley No 43
5. *Full Name of Mother,* M. Paul
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Paul
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kaptel

Address, 69 N. Washington St

Remarks, Mary Kaptel

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18840

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, mid wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Friday October 13
4. *Place of Birth, (Street and Number)*	Baltimore 8th & Fort avenue
5. *Full Name of Mother,*	Mary McCully
6. *Mother's Maiden Name,*	Mary Watson
7. *Mother's Birthplace,*	Birth place England
8. *Full Name of Father,*	Samuel Mccully
9. *Father's Occupation,*	dairy Business
10. *Father's Birthplace,*	Birth place newgersey
Name of Medical Attendant, or other Person who makes this Return	Wm. Thornton
Address,	No 1 Byrd Street
Remarks,	Baltimore

OCT 17 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 18841

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth* October 13 1882
4. *Place of Birth, (Street and Number)* 148 durham street
5. *Full Name of Mother* Louisa rogers
6. *Mother's Maiden Name* Louisa cooper
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John rogers
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address Collington avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	October 13th 1882
4. *Place of Birth*, (*Street and Number*)	170 Johnson
5. *Full Name of Mother*	Laura V. Gaither
6. *Mother's Maiden Name*,	Laura V. Bassgare
7. *Mother's Birthplace*,	Prince George Co Md
8. *Full Name of Father*,	Wm. L. Gaither.
9. *Father's Occupation*,	Conductor on Cars
10. *Father's Birthplace*,	A & Co Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cokenower
Address,	140 Hanover St
Remarks,	

BALTIMORE CITY DEPARTMENT OF HEALTH OCT 14 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1884 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1882 BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* October, 13th/882
4. *Place of Birth,* (*Street and Number*) 61 Eastern Ave
5. *Full Name of Mother,* Ida A. Weaver
6. *Mother's Maiden Name,* " " Rodd
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* James R. Weaver
9. *Father's Occupation,* Clerk Gas Co
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other Person who makes this Return. A Wgd Sherkey Md.

Address, 11 S. High St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58844

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Thomas ~~Isis~~ Potee

HEALTH DEPARTMENT OCT 19 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 13
4. *Place of Birth, (Street and Number)* Baltimore S. Pacca st. No 269
5. *Full Name of Mother,* Cassie Potee
6. *Mother's Maiden Name,* Cassie Bentley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Billie Potee
9. *Father's Occupation,* Brick Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 114 S. Ridgely St

Remarks,

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4 th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, October 13 th 1882
4. *Place of Birth*, (*Street and Number*) Alys St No 18
5. *Full Name of Mother*, Mary A Boice
6. *Mother's Maiden Name*, Mary A Fox
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, George Boice
9. *Father's Occupation*, Labourer
10. *Father's Birthplace*. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, 1910 Alys Street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

OCT 17 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

18846

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Born October 13th 1882

4. Place of Birth, (Street and Number) 58 E. Hoffman St. Baltimore

5. Full Name of Mother, Cornelia Rebecca Gale

6. Mother's Maiden Name, Cornelia Rebecca Jackson

7. Mother's Birthplace, Balto City

8. Full Name of Father, George Laurence Gale

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mrs. Sarah Goodwin

Address, 120 Greenmount Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A [illegible].

58847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 14th 1882
4. Place of Birth (Street and Number) 348 Lexington St
5. Full Name of Mother Mary V. Boughman
6. Mother's Maiden Name " " Zeigler
7. Mother's Birthplace Baltimore City
8. Full Name of Father Louis P. Boughman
9. Father's Occupation Harness Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M. D.

Address 47 Edmondson ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 18848

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 18 1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether ~~1st~~, 2d, ~~3d~~, &c.*)

1. *Sex,* (*state whether ~~male or~~ female*)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 14 Oct 1882
4. *Place of Birth,* (*Street and Number*) Park St. S.W. Cor Mulberry St
5. *Full Name of Mother,* Mrs Anna Rubbel
6. *Mother's Maiden Name,* Anna Rubbel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Rubbel
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Atkinson MD

Address, 119 N Charles St

Remarks, Condition of Child Good.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 19 1882 BALTI

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 2d

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) Negro

3. *Date of Birth*, Oct 16 1882

4. *Place of Birth*, (*Street and Number*) No 5 Clayton's Row

5. *Full Name of Mother*, Amelia Davis

6. *Mother's Maiden Name*, Johnson

7. *Mother's Birthplace*, Yorktown Va

8. *Full Name of Father*, Daniel Davis

9. *Father's Occupation*, Laborer

10. *Father's Birthplace*, Virginia

Name of Medical Attendant, or other Person who makes this Return C. Edw Jaquin M.D.

Address, 342 Fifth Eutaw St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Male -
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 14th 1882.
4. *Place of Birth, (Street and Number)*	149 Hanover St.
5. *Full Name of Mother,*	Mary Hepburn.
6. *Mother's Maiden Name,*	" Collart.
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	Patrick Hepburn.
9. *Father's Occupation,*	Pressman -
10. *Father's Birthplace,*	Balto City -
Name of Medical Attendant, or other Person who makes this Return	R. J. N. Tall. M.D.
Address,	152 Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58851

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male Harry Livingston
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 Oct.
4. *Place of Birth, (Street and Number)* 60 Forrest street
5. *Full Name of Mother,* Mary Livingston
6. *Mother's Maiden Name,* " Bellman
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Harry Livingston
9. *Father's Occupation,* Hookster
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbry

Address, 48 Holland st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 14/82
4. *Place of Birth, (Street and Number)* 69 Hollins Street
5. *Full Name of Mother,* Louisa Taylor
6. *Mother's Maiden Name,* " Tessier
7. *Mother's Birthplace,* Balti Md
8. *Full Name of Father,* Eugene Taylor
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Prince George Co Md

Name of Medical Attendant, or other Person who makes this Return A L Spicer MD

Address, 387 W. Lombard Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	14 October
4. *Place of Birth, (Street and Number)*	123 S. Esterstreet
5. *Full Name of Mother,*	Dealey French
6. *Mother's Maiden Name,*	Gilmor
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John French
9. *Father's Occupation,*	Workingman
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Sarah Carper
Address,	72 E. Lombard street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1892

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 14 92
4. *Place of Birth, (Street and Number)* 383 Franklin St
5. *Full Name of Mother,* Mrs. Geo. W. Russell
6. *Mother's Maiden Name,* Miss Ella Bennett
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo. W. Russell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other Person who makes this Return H. F. Bull M.D.

Address, 443 Franklin St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 14th 1882
4. *Place of Birth, (Street and Number)*	77 Chestnut St
5. *Full Name of Mother,*	Elizabeth Jones
6. *Mother's Maiden Name,*	Elizabeth Harris
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Jones
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace.*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	# 5 Garrett St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

MULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 14th of Oct
4. *Place of Birth, (Street and Number)* 242 Mcdonough st
5. *Full Name of Mother,* Priscillia Brown
6. *Mother's Maiden Name,* Priscillia Jackson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Amos Brown
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Hanover county Via

Name of Medical Attendant, or other Person who makes this Return Henrieta Glascol

Address, Good health

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT. 23. 1882

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 14 82
4. *Place of Birth, (Street and Number)*	156 Pearl
5. *Full Name of Mother,*	Mary J Sullivan
6. *Mother's Maiden Name,*	Mary Doherty
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thos Sullivan
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	T E Chatard Jr
Address,	111 Park Ave
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 88858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 14.
4. *Place of Birth, (Street and Number)* 117 N. Charles St
5. *Full Name of Mother,* Mary I Joliffe
6. *Mother's Maiden Name,* Mary Scott
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Joliffe
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return F. E. Chatard Jr

Address, 111 Park Ave

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* oct 4th 1882

4. *Place of Birth, (Street and Number)* Baltimore Tyson St near 16th

5. *Full Name of Mother,* Mary A Samson

6. *Mother's Maiden Name,* Anthony

7. *Mother's Birthplace,* Baltimore md

8. *Full Name of Father,* Henry Samson

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Eastern Shore md

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 1886

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 14th 1882
4. *Place of Birth, (Street and Number)* No 253 S Bond St
5. *Full Name of Mother,* Louisa Witzgal
6. *Mother's Maiden Name,* " Maus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Witzgal
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Wm E Elizabeth MD

Address, 120 Bank Lane

Remarks,

HEALTH DEPARTMENT OCT 1881 BALTIMORE

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 14. 82.
4. *Place of Birth, (Street and Number)* S. Koestelstr 24
5. *Full Name of Mother,* Eva Diem
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Mathias Diem
9. *Father's Occupation,* Tailor
10. *Father's Birthplace.* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs J. Baubach

Address, S Wolf 14

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 14th
4. *Place of Birth, (Street and Number)*	No 8 Constitution St
5. *Full Name of Mother,*	Jennie Smith.
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Robert Smith.
9. *Father's Occupation,*	Harness Maker.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1882 B 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 d

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* October 14 1882
4. *Place of Birth,* (*Street and Number*) No 56 Frederick ave
5. *Full Name of Mother,* Carrie Mark
6. *Mother's Maiden Name,* Carrie Brauer
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* August Mark
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return & Dunnax

Address, No 54 Frederick

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

58864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 of October
4. *Place of Birth, (Street and Number)*	No 122 Baty Av.
5. *Full Name of Mother,*	Cary Schmick
6. *Mother's Maiden Name,*	Carry Naumann
7. *Mother's Birthplace,*	Hessen
8. *Full Name of Father,*	Charles Naumann
9. *Father's Occupation,*	Labor
10. *Father's Birthplace.*	Hessen
Name of Medical Attendant, or other Person who makes this Return	Sabina Grishabe
Address,	Worth West St
Remarks,	

Your any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

18865

OCT 17 1882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 or d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 14 th 1882
4. *Place of Birth (Street and Number)* Ledenhall St no 2 Balto Md
5. *Full Name of Mother* Raney Jones
6. *Mother's Maiden Name* Nancy Parron
7. *Mother's Birthplace* a a co M D
8. *Full Name of Father* James Jones
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* a a co M D

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mrs Frances Granby

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* october the 14 the
4. *Place of Birth (Street and Number)* lider allep no 130
5. *Full Name of Mother* jane rebecker mitchel
6. *Mother's Maiden Name* jane rebeckker poens
7. *Mother's Birthplace* fredrick county md
8. *Full Name of Father* willam mitchel
9. *Father's Occupation* drayman
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return mrs sarah sit smithers

Address no 35 george st allep

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 October 14 th 1892
4. Place of Birth, (Street and Number) Abys St No 32
5. Full Name of Mother, Elizabeth Ann
6. Mother's Maiden Name, Elizabeth Saunders
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Ann
9. Father's Occupation, Baxter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 11 Abys St

Remarks,

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

MURPHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 16 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	6th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	white
3. *Date of Birth*,	Oct. 14/82
4. *Place of Birth*, (*Street and Number*)	124 S. Eden St.
5. *Full Name of Mother*,	Mary Lynch
6. *Mother's Maiden Name*,	" Kelly
7. *Mother's Birthplace*,	Balto. Co. Md.
8. *Full Name of Father*,	Peter Lynch
9. *Father's Occupation*,	Sugar Broiler
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D.
Address,	117 S. Broadway
Remarks,	

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S 8869

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1892

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct. 15, 1892.
4. Place of Birth (Street and Number)	No. 40 Hillen St.
5. Full Name of Mother	Ida Walker
6. Mother's Maiden Name	Ida Sendy
7. Mother's Birthplace	Charles Co., Md.
8. Full Name of Father	James Walker.
9. Father's Occupation	Waiter
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. W. Chambers M.D.
Address	133 N. Exeter St
Remarks	Recovery good.

RETURN OF A BIRTH

5887a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of October 1882.
4. Place of Birth, (Street and Number) 502 East Monnument street.
5. Full Name of Mother, Gurdy Grug.
6. Mother's Maiden Name, Gurdy Jäger.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Nickolas Jäger.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 77 North Chappel street per Justina Kunkel.

Remarks, Healthy.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Oct. 13 1902
4. *Place of Birth, (Street and Number)* 107 S. Durham
5. *Full Name of Mother,* Mary J. Wilson
6. *Mother's Maiden Name,* " " Cross
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* Ed. Wilson
9. *Father's Occupation,* Bargeman
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other Person who makes this Return J. L. Wilkins

Address, 77 S. Brady

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 13th

4. Place of Birth, (Street and Number) No 68 Granby st

5. Full Name of Mother, Hermine Leopold

6. Mother's Maiden Name, Retzlaff

7. Mother's Birthplace, Germany

8. Full Name of Father, August Leopold

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	15 October
4. *Place of Birth, (Street and Number)*	148 Madison street
5. *Full Name of Mother,*	Mary Lafiday
6. *Mother's Maiden Name,*	Sitenstricker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Lafiday
9. *Father's Occupation,*	Working man
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Lapper
Address,	72 E. Lumbard street
Remarks,	

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

GUARANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18874

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
27
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Oct. 15th 1882
4. *Place of Birth (Street and Number)* #110 N. Eutaw St.
5. *Full Name of Mother* Amanda Catherine Brown.
6. *Mother's Maiden Name* Amanda Catherine Bechtel.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Dr James Brown.
9. *Father's Occupation* Physician.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. James Brown M.D.

Address #110 N. Eutaw St.

Remarks

RETURN OF A BIRTH 18875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 15th
4. *Place of Birth, (Street and Number)* S. Ridgely st
5. *Full Name of Mother,* Annie Kaufman
6. *Mother's Maiden Name,* Muller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Kaufman
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return A. L. Buddenbohn M.D.

Address, 166 S. Paca st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15 1882
4. *Place of Birth, (Street and Number)* 49 Chapel near St
5. *Full Name of Mother.* Winifred Kelly
6. *Mother's Maiden Name,* Win Rowan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Kelly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Fray

Address, 193 Chester

Remarks,

CITY DEPARTMENT OF HEALTH OCT 27 1882 BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

18877

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 16 1882
4. *Place of Birth (Street and Number)* # 350 N. Durham St.
5. *Full Name of Mother* Laura Minnick
6. *Mother's Maiden Name* Laura Hooper
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jno R. Minnick
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo F. Taylor [illegible]

Address 222 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1892 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex (state whether Male or Female) boy

2. Race or Color (if not of the white race) colored

3. Date of Birth 15 October

4. Place of Birth (Street and Number) 340 howard st

5. Full Name of Mother hatty ~~[illegible]~~ Brown

6. Mother's Maiden Name hatty Ware

7. Mother's Birthplace colfyper court house

8. Full Name of Father alarder brown

9. Father's Occupation Waiter

10. Father's Birthplace Portobacco charles county

Name of Medical Attendant, or other Person who makes this Return.

Address Annie Johnson

Remarks 94 Tyson St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15 A M
4. *Place of Birth, (Street and Number)* 307 Franklin St
5. *Full Name of Mother,* Juliane Hundertmark
6. *Mother's Maiden Name,* " Grohne
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wilhelm Hundertmark
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dunler

Address, No 60 Schroeder St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	6th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	15th of October
4. *Place of Birth*, (*Street and Number*)	144 Columbia Avenue
5. *Full Name of Mother*,	Rosa Harman
6. *Mother's Maiden Name*,	Rosa Wagner
7. *Mother's Birthplace*,	Baltimore City
8. *Full Name of Father*,	Edward L. Harman
9. *Father's Occupation*,	Boatsman
10. *Father's Birthplace*,	Anne Arundel County
Name of Medical Attendant, or other Person who makes this Return	Mrs. Seebach
Address,	
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1882 CITY

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 13th 1882
4. *Place of Birth, (Street and Number).*	91. S. Greene St.
5. *Full Name of Mother.*	Augusta J. Hippler
6. *Mother's Maiden Name,*	" " Windolf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin J. Hippler
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1d

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* Balt october 15t 1882
4. *Place of Birth,* (*Street and Number*) Baltimore Park ave. No 206
5. *Full Name of Mother,* Carrie F Butler
6. *Mother's Maiden Name,* Chase
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Louis et Butler
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Richmond va

Name of Medical Attendant, or other Person who makes this Return Mary A Forsey

Address, 83 Oxford St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 15th 1882
4. *Place of Birth, (Street and Number)*	206 E. Chase St
5. *Full Name of Mother,*	Mary E Murphy
6. *Mother's Maiden Name,*	" " Hackett
7. *Mother's Birthplace,*	Reading Pa
8. *Full Name of Father,*	Daniel F. Murphy
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Lancaster Co Pa
Name of Medical Attendant, or other Person who makes this Return	Regina A. Winter
Address,	186 Harford Ave
Remarks,	

ULANY & CO., CITY PRINTERS AND STATIONERS

Over 58884

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

Name: Joseph Leo A. Donohue

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octo 15th 1882
4. *Place of Birth (Street and Number)* 1 32 S. High St
5. *Full Name of Mother* Cecelia O'Donohue
6. *Mother's Maiden Name* Cecelia Finley
7. *Mother's Birthplace* Cumberland
8. *Full Name of Father* John Thos (O'Donohue) Donohue
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 171 N. Calvert

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4th.
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	Colored
3. *Date of Birth*,	October 15th. 1882
4. *Place of Birth*, (*Street and Number*)	No. 80 N. Strieng St.
5. *Full Name of Mother*,	Josaphine Willson
6. *Mother's Maiden Name*,	Josaphine Scott
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Wm. Willson.
9. *Father's Occupation*,	Reporter
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Buds.
Address,	No. 185 S.E. cor. Centre av. & Monument St.
Remarks,	All Well

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58886

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Eleventh.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th October
4. *Place of Birth, (Street and Number)*	No 203 S. Fremont St.
5. *Full Name of Mother,*	Augusta Wiesner.
6. *Mother's Maiden Name,*	Augusta Becker.
7. *Mother's Birthplace,*	Hessen Damstadt.
8. *Full Name of Father,*	Magnus Wiesner
9. *Father's Occupation,*	Machinest.
10. *Father's Birthplace,*	Allendorpf.
Name of Medical Attendant, or other Person who makes this Return	Miss Minch
Address,	1 Lord Nelson St
Remarks,	

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LARY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	7th
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	October 15th 1882
4. *Place of Birth,* (*Street and Number*)	67 S Wolfe St
5. *Full Name of Mother.*	Theresa Merregan
6. *Mother's Maiden Name,*	Theresia Gibrich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Merregan
9. *Father's Occupation,*	Inginier
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

CULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 17 1888

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twin.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 15th 1888.
4. *Place of Birth, (Street and Number)*	No 28 Albemarle St.
5. *Full Name of Mother,*	M. Reynolds.
6. *Mother's Maiden Name,*	M Collins
7. *Mother's Birthplace,*	Baltimore City (Md.)
8. *Full Name of Father,*	Agnes. Reynolds.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City (Md.)
Name of Medical Attendant, or other Person who makes this Return	Mrs. Eliza Flemings
Address,	No 95 Albemarle St. (City)
Remarks,	

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18889

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Oct 16th 1882.

HEALTH DEPARTMENT OCT 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* W. C.
3. *Date of Birth,* Oct 15th 1882
4. *Place of Birth, (Street and Number)* 335 Eastern Ave.
5. *Full Name of Mother,* Minnie Thoma
6. *Mother's Maiden Name,* Minnie Huth
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Jacob Thoma
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend.

Address, 137 South Wolfe St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

58890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 15th 1 30 P.M. Girl 1882
4. *Place of Birth (Street and Number)* 208 E Pratt St
5. *Full Name of Mother* Katie Beall
6. *Mother's Maiden Name* K. Wehr
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Wm. Francis Beall
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M.D.

Address 299 E Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 58891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* october 15 1882
4. *Place of Birth, (Street and Number)* 160 south wolf street
5. *Full Name of Mother* minnie kues
6. *Mother's Maiden Name* minnie mala
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles kues
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address Collington avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18892

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct 15 1882
4. *Place of Birth, (Street and Number)* 62 Hillman St.
5. *Full Name of Mother* Elizabeth Campbell
6. *Mother's Maiden Name* " Fisher
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William A. Campbell
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 54 Aisquith St.

Remarks Though from Ohio he did not get what he wanted which was a boy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1882 93

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 15th
4. *Place of Birth (Street and Number)*	5 Stockholm St
5. *Full Name of Mother*	Annie Hager
6. *Mother's Maiden Name*	" Wilson
7. *Mother's Birthplace*	Philadelphia
8. *Full Name of Father*	Jacob Hager
9. *Father's Occupation*	Glass blower
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	L. C. Burch M.D.
Address	151 Monroe St
Remarks	

RETURN OF A BIRTH 58894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15 1892
4. *Place of Birth, (Street and Number)* 1416 North Ave
5. *Full Name of Mother,* Catherine Cummings
6. *Mother's Maiden Name,* Catherine Dillon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Cummings
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return Dr. [illegible]

Address, 2021 W. Lexington

Remarks,

NOV 8 1892 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

58895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 16th 82
4. *Place of Birth, (Street and Number)* 247 Lee St
5. *Full Name of Mother* Margaret Conway
6. *Mother's Maiden Name* Benson
7. *Mother's Birthplace* Balto city
8. *Full Name of Father* Patrick Conway
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 76 S Paca St

Remarks

That any Physician, accoucheur, [illegible] person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 58896

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

f Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
x (state whether male or female)	Male
ace or Color, (if not of the white race)	white race
ate of Birth	October the 16th
lace of Birth, (Street and Number)	Baltimore west St No 195
ll Name of Mother	Susen Caffman
other's Maiden Name	Susen Mcmillein
ther's Birthplace	Baltimore
ull Name of Father	Charles Caffman
Father's Occupation	labour
Father's Birthplace	Harford Co Md
Name of Medical Attendant or other Person who makes this Return.	Elisabeth Hathorn
Address	william St No 394
Remarks	

midwife or other

RETURN OF A BIRTH 58897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 11th
4. *Place of Birth, (Street and Number)*	No 11½ Eastern ave
5. *Full Name of Mother,*	Hannah Hummel
6. *Mother's Maiden Name,*	Mary Wallmke Keller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Hummel
9. *Father's Occupation,*	Saddler
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sophia Simon
Address,	No 70 Granby st
Remarks,	

OCT 20 1882 BALTIMORE

ULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 16th Oct 1882
4. *Place of Birth, (Street and Number)* 162 Barrett
5. *Full Name of Mother,* Gadie Baily
6. *Mother's Maiden Name,* " Pearson
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Levin T. Baily
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return H. W. Webstup

Address, 57 Barrett

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 16th 1887
4. *Place of Birth, (Street and Number)*	477 N. Central Ave
5. *Full Name of Mother,*	Elizabeth Bachmann
6. *Mother's Maiden Name,*	Schwarz
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Henry Bachmann
9. *Father's Occupation,*	Printer
10. *Father's Birthplace.*	Balto city
Name of Medical Attendant, or other Person who makes this Return	S. W. Seltzer M.D.
Address,	S.E. Cor Eager Caroline & Street
Remarks,	

HEALTH DEPARTMENT OCT 20 1887 BALTIMORE

BULANT & DO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58900

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (8) eight

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 16 – 1882
4. *Place of Birth, (Street and Number)* 78 Warner st.
5. *Full Name of Mother,* Barbara Rehling
6. *Mother's Maiden Name,* Barb. Rethman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Rehling
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Miss Kunigunde Schlifer

Address, 20 Columbia Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58901

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 16 1882
4. *Place of Birth, (Street and Number)*	21 Taunton St
5. *Full Name of Mother,*	Mary Schwabb
6. *Mother's Maiden Name,*	Mary Cook
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Schwabb
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs C Fray
Address,	193 Chester St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 16' 1882
4. *Place of Birth, (Street and Number)*	336 Orleans St
5. *Full Name of Mother,*	Anna E Brooke
6. *Mother's Maiden Name,*	Abercrombie
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Wm H Brooke
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Mary A Allen
Address,	286 N Donagh st
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 october 1882
4. Place of Birth, (Street and Number) ~~hilnton town~~ highland town
5. Full Name of Mother, Maggie lemke
6. Mother's Maiden Name, Maggie Zimarmon
7. Mother's Birthplace, baltimore
8. Full Name of Father, Rudolph lemke
9. Father's Occupation, butcher
10. Father's Birthplace, baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park

Remarks,

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male Freddie
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 October
4. Place of Birth, (Street and Number) 3 Wolf street
5. Full Name of Mother, Anna Hohnman
6. Mother's Maiden Name, " Eichler
7. Mother's Birthplace, Baaden
8. Full Name of Father, Frederick Hohnman
9. Father's Occupation, Woodturner
10. Father's Birthplace, Baaden

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Uhlig

Address, 48 Hollins st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Oct. 16th 1882
4. *Place of Birth, (Street and Number)* Nro 328 S Eutaw St.
5. *Full Name of Mother,* Pauline Hübner
6. *Mother's Maiden Name,* " Henschen
7. *Mother's Birthplace,* Preussen
8. *Full Name of Father,* Heinrich Hübner
9. *Father's Occupation,* Piano maker
10. *Father's Birthplace,* Preussen

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Virch

Address, Nro 328 S Eutaw St

Remarks,

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 25 1892 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Theird

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* 16 October 1892
4. *Place of Birth,* (*Street and Number*) No 3 Johns Alley City
5. *Full Name of Mother,* Mrs Emily Medley
6. *Mother's Maiden Name,* Miss Emily Butler
7. *Mother's Birthplace,* St Marys Co Maryland
8. *Full Name of Father,* Mr George Medley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* St Marys Co Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address, Salley Pennington

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 1890 7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1890 BALTIMORE MD.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 5th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* October 16th 1882
4. *Place of Birth,* (*Street and Number*) 40 Schuter str
5. *Full Name of Mother* Barbara Schoening
6. *Mother's Maiden Name,* " Mueller
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Valentine Schoening
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Belz

Address, 12 N Bank st

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
CITY
FILED
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Oct 16, 1882
4. *Place of Birth,* (*Street and Number*) Corner N. Hamilton & St Paul
5. *Full Name of Mother,* Virginia Offt
6. *Mother's Maiden Name,* Virginia Marvel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Offt
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A Mussenden

Address, 345 Penna ave

Remarks,

KULENY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 Oct 1882
4. Place of Birth, (Street and Number) 530 Saratoga St
5. Full Name of Mother, Inez Atkinson
6. Mother's Maiden Name, Inez Heathcote
7. Mother's Birthplace, Md
8. Full Name of Father, Hiram Atkinson
9. Father's Occupation, Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Geo H Cook

Address, # 1 Waverley Terrace

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th October
4. *Place of Birth, (Street and Number)* 221 Hanover St Baltimore
5. *Full Name of Mother,* Annie S. [redacted] Fischer
6. *Mother's Maiden Name,* Annie S. Warner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William L. Fischer
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Ruth Mierch

Address, 1 Lexington Hall St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	2nd.
1. *Sex,* (*state whether male or female*)	Female.
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Monday ~~March~~ 16th October 16th 1882
4. *Place of Birth,* (*Street and Number*)	112 Lee St.
5. *Full Name of Mother,*	Veronica Kimpel
6. *Mother's Maiden Name,*	Veronica B Grow.
7. *Mother's Birthplace,*	Washington D C
8. *Full Name of Father,*	Augustus Kimpel.
9. *Father's Occupation,*	Engineer.
10. *Father's Birthplace,*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton MD
Address,	25½ Greenmount ave
Remarks,	Vertex Presentation

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH NOV 2 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st.
1. *Sex*, (*state whether male or female*)	Boy
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Monday October 16 Th 1882
4. *Place of Birth*, (*Street and Number*)	438 Durham St.
5. *Full Name of Mother*,	Lizzie Turner.
6. *Mother's Maiden Name*,	Lizzie Smith
7. *Mother's Birthplace*,	Balto. Md
8. *Full Name of Father*,	John Turner
9. *Father's Occupation*,	Laborer [redacted]
10. *Father's Birthplace*,	New York
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton, M D
Address,	25½ Greenmount ave.
Remarks,	Vertex Presentation

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1892
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 16th 1882
4. Place of Birth (Street and Number)	138 S Paca St
5. Full Name of Mother	Mary Louisa
6. Mother's Maiden Name	Linthicum
7. Mother's Birthplace	Balt
8. Full Name of Father	David Heiram Warfield
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M. D.
Address	262 Madison Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

58914

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of October
4. *Place of Birth, (Street and Number)* No 211 Whittlesea
5. *Full Name of Mother,* Mage Strasker
6. *Mother's Maiden Name,* Mage ~~Rinne~~ Koenner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Strasker
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* West Fallen

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 5899

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 17 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Oct 16th 1882
4. *Place of Birth (Street and Number)* No 656 South Charles Street
5. *Full Name of Mother* Elizabeth Younger
6. *Mother's Maiden Name* Eliz do Knight
7. *Mother's Birthplace* Balt city md
8. *Full Name of Father* Dixon Younger
9. *Father's Occupation* Capt of Boat
10. *Father's Birthplace* Calvert Co md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hinton

Address No 28 Patapsco ave

Remarks died 6½ hours after Birth, death caused by a fall of the mother. Period of Utero-gestation 7½ months

RETURN OF A BIRTH

8916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Margaretha Bowers

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 16th 1882

4. Place of Birth, (Street and Number) 37 N Exeter

5. Full Name of Mother, Elizebeth Bowers

6. Mother's Maiden Name, Elizebeth Emrich Emrich

7. Mother's Birthplace, Balto City

8. Full Name of Father, Franklin Williams Bowers

9. Father's Occupation, Adams Express Baggage Smasher

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return E G Walls

CERTIFICATE FORWARDED 8-15-53

Address, 241 N Bond

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 58917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 6 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or ~~female~~*)
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Oct 16 1892
4. *Place of Birth*, (*Street and Number*) 703 W Lexington St
5. *Full Name of Mother*, Mary Rosalie Diffenderffer
6. *Mother's Maiden Name*, Bailey
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Henry Harrison Diffenderffer
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return W H Diffenderffer

Address, High St

Remarks,

GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT. 21, 1892 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 17th
4. *Place of Birth, (Street and Number)* 124 Washington st
5. *Full Name of Mother,* Mary J Washington
6. *Mother's Maiden Name,* [illegible] Smith
7. *Mother's Birthplace,* Somerset County
8. *Full Name of Father,* Thomas Washington
9. *Father's Occupation,* Oyster
10. *Father's Birthplace,* St Michaels

Name of Medical Attendant, or other Person who makes this Return. Mrs M Andrews

Address, 134 South Caroline st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

5 5919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT. 19 1892
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	Tuesday 17 October
4. *Place of Birth, (Street and Number)*	Baltimore Elisabeth Lane No 20
5. *Full Name of Mother,*	Anne Richard
6. *Mother's Maiden Name,*	Anne Clinton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Richard
9. *Father's Occupation,*	worker in Candy factory
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Anne Thornton
Address,	No 1 Byrd Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 8892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* October 17th 1882.
4. *Place of Birth,* (Street and Number) 180 Wolfe St.
5. *Full Name of Mother,* Ida Schweitzer,
6. *Mother's Maiden Name,* Collins.
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* George Schweitzer,
9. *Father's Occupation,* Ship-Smith.
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other Person who makes this Return. John H. White M.D.

Address, 342 W. Broadway.

Remarks,

that any Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE CITY DEPARTMENT OF HEALTH
OCT 20 1882
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3d

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Oct 17th 1882
4. *Place of Birth,* (*Street and Number*) 16 Cathedral St.
5. *Full Name of Mother,* Elizabeth Hudson Muckland
6. *Mother's Maiden Name,* Elizabeth Austin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. H. Muckland
9. *Father's Occupation,* Preacher
10. *Father's Birthplace,* Bermuda

Name of Medical Attendant, or other Person who makes this Return H. P. Wilson Jr

Address, 146 Park Avenue

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 17th
4. Place of Birth, (Street and Number) No 77 Eastern ave
5. Full Name of Mother, Lizze F Stöcklein
6. Mother's Maiden Name, " Schüssler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Stöcklein
9. Father's Occupation, labor work
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return No 11 Granby st

Address, Sophia

Remarks, Simon

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	19th Oct 1892
4. *Place of Birth, (Street and Number)*	45 S. Paca
5. *Full Name of Mother,*	Alice Reed
6. *Mother's Maiden Name,*	Dwight
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Hugh J Reed
9. *Father's Occupation,*	Hotel Keeper
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	H. A. Webster M.D.
Address,	57 Bancroft
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1
1. *Sex*, (*state whether male or female*)	Male
2. *Race or ~~Color~~*, (*if not of the white race*)	
3. *Date of Birth*,	12 October
4. *Place of Birth*, (*Street and Number*)	148 Eastern Avenue
5. *Full Name of Mother*,	Katie Hetz
6. *Mother's Maiden Name*,	Schad
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Wm Ger. C. Hetz
9. *Father's Occupation*,	Furniture
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Carper
Address,	72 E. Lombard Street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* Oct. 17 1892
4. *Place of Birth, (Street and Number)* No 336 West St.
5. *Full Name of Mother,* Anna Schmuck
6. *Mother's Maiden Name,* " Walter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Schmuck
9. *Father's Occupation,* Piano maker
10. *Father's Birthplace,* Saxon

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Narrow

Address, No 328 S. Eutaw St.

Remarks,

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
24
1892
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) " "
3. Date of Birth, Oct 17th 1892
4. Place of Birth, (Street and Number) No 374 West St
5. Full Name of Mother, Anna Boesses
6. Mother's Maiden Name, " Rudolf
7. Mother's Birthplace, Cur Hessen
8. Full Name of Father, Heinrich Boesser
9. Father's Occupation, Piano maker
10. Father's Birthplace, Cur Hessen

Name of Medical Attendant, or other Person who makes this Return Mrs. Marie Nixon

Address, No 328 S Eutaw St.

Remarks,

JULIANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 October 1882
4. *Place of Birth, (Street and Number)* 56 Payson Str.
5. *Full Name of Mother,* Katharina Kassakatis
6. *Mother's Maiden Name,* Katharina Horz
7. *Mother's Birthplace,* Alsfeld Germany
8. *Full Name of Father,* Hermann A. Kassakatis
9. *Father's Occupation,* Locksmit
10. *Father's Birthplace,* Schweiz, Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 17th 1882
4. Place of Birth, (Street and Number) No 18 S Chester st
5. Full Name of Mother, Dora Schmidt
6. Mother's Maiden Name, " Hasebest
7. Mother's Birthplace, City
8. Full Name of Father, Dolue Schmidt
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return: Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
31
1882
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*)
3. *Date of Birth.* October 17th 1882
4. *Place of Birth.* (*Street and Number*) No 430 Eastern Ave
5. *Full Name of Mother.* Elizabetha Battenfield
6. *Mother's Maiden Name.* Deisenrotte
7. *Mother's Birthplace.* City
8. *Full Name of Father.* George Battenfield
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 126 Bank st

Remarks.

DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-21-56

RETURN OF A BIRTH

889-31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Miriam Howard Doyle

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17: 1882
4. Place of Birth, (Street and Number) 201 N Howard st
5. Full Name of Mother, Jennie E. Doyle
6. Mother's Maiden Name, " " Repsher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. Courtney Doyle
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

23

RETURN OF A BIRTH 1892/31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 17th of October

4. *Place of Birth, (Street and Number)* Federal St no number

5. *Full Name of Mother,* Ann Gillan

6. *Mother's Maiden Name,* Mc Elroy

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* James Gillan

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address. 369 Eastern Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18932

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

31

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether male or female)*	Fe Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Octo 17th 1882
4. *Place of Birth, (Street and Number)*	411 N. Gould-ard St.
5. *Full Name of Mother*	Almira Va Wilen
6. *Mother's Maiden Name*	McCahan
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Jno A. Wilen
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Va.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

RETURN OF A BIRTH 18933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 of October 1892
4. Place of Birth, (Street and Number) 1538 South Charles St
5. Full Name of Mother, Sarah Mawshow
6. Mother's Maiden Name, Sarah Hill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence Mawshow
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Griesheber

Address, No 128 West St

Remarks,

Divise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 17th 1882
4. *Place of Birth, (Street and Number)* 38 Hamstead
5. *Full Name of Mother,* Mary Barnet
6. *Mother's Maiden Name,* Mary Brooks
7. *Mother's Birthplace,* Queen Annes Co Md
8. *Full Name of Father,* Stephen Barnet
9. *Father's Occupation,* Hawker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return E G Walls

Address, 41 N Bond St

Remarks, Prolonged labor enormous child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

58935

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 17th 11 20 P.M. 1882
4. *Place of Birth (Street and Number)* N. W. Cor. Chase & Forrest Place
5. *Full Name of Mother* Mary Virginia Peat
6. *Mother's Maiden Name* Mary F. Nelson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Peat
9. *Father's Occupation* Marble and Stone Worker
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. James E. Durnelle M.D.

Address 297 E Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58936

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 14 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fannie white give

1. *Sex (state whether Male or Female)* birth to live born child
2. *Race or Color (if not of the white race)* Colord female
3. *Date of Birth* October the 17
4. *Place of Birth (Street and Number)* Baltimore City yorkst 152
5. *Full Name of Mother* fannie White
6. *Mother's Maiden Name* fannie Kue
7. *Mother's Birthplace* ester shore accounty va
8. *Full Name of Father* Lewis White deaceas
9. *Father's Occupation*
10. *Father's Birthplace* easter shore accounty

Name of Medical Attendant, or other Person who makes this Return. mary makel valy

Address mrs makel 241 yorkst city

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18937

HEALTH DEPARTMENT
NOV 18 1882
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Fee Record of Vital Statistics of the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th & 7th
1. *Sex* (state whether Male or Female)	Twins – Both Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 18th 1882
4. *Place of Birth* (Street and Number)	74 S. Greene st
5. *Full Name of Mother*	Emma C. Hoffman
6. *Mother's Maiden Name*	" " Sline
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Frederick C. Hoffman
9. *Father's Occupation*	Miller
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Jas. E. Gibbons M. D.
Address	47 Edmondson ave
Remarks	

RETURN OF A BIRTH, 11938

HEALTH DEPARTMENT
6
1892
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 18th 92
4. *Place of Birth, (Street and Number)* 795 W Pratt St
5. *Full Name of Mother* Ida L. Demsey
6. *Mother's Maiden Name* Shackelford
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* David W Demsey.
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J Handy

Address 76 S Fremont St.

Remarks

RETURN OF A BIRTH 589-39

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 18th 1882
4. *Place of Birth, (Street and Number)* N. E. Cor. of Parkin & Pratt St.
5. *Full Name of Mother,* Hannah Reuter
6. *Mother's Maiden Name,* " Surresh
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas Reuter
9. *Father's Occupation,* Tinner.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return H. L. Spencer Mr

Address, 387 W. Lombard St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 58940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 18th
4. *Place of Birth, (Street and Number)* 84 Lemon st
5. *Full Name of Mother,* Josehanah McInnerny
6. *Mother's Maiden Name,* Johanah Shanan
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Patric McInnerny
9. *Father's Occupation,* Labor B O Railroad
10. *Father's Birthplace,* South of Ireland

Name of Medical Attendant, or other Person who makes this Return M J Seaman

Address, 435 W McHenry st

Remarks, Strong healthy child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58941

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 18th
4. *Place of Birth, (Street and Number)* 76 Ramsey st
5. *Full Name of Mother,* Helena Wirth
6. *Mother's Maiden Name,* " Chevalier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Wirth
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Ruddenbohn M.D.

Address, 66. S. Paca st.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18942

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 20 1882 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 18th 1882
4. *Place of Birth, (Street and Number)*	10 Gough Street
5. *Full Name of Mother,*	Julia Anna Euler
6. *Mother's Maiden Name,*	Bartels
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	John Euler
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace.*	Balto city
Name of Medical Attendant, or other Person who makes this Return	S. W. Seldner M.D.
Address,	S. E. Cor Eager Caroline Street
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18943

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 18th 1882.
4. *Place of Birth, (Street and Number)* Jefferson St near Asquith St
5. *Full Name of Mother,* Bertha Rhule.
6. *Mother's Maiden Name,* Bertha Smith.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Rhule.
9. *Father's Occupation,* Gilder.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Haywood

Address, 396 Orleans St City

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

58944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first child

1. Sex (state whether Male or Female) a male

2. Race or Color (if not of the white race) Colord

3. Date of Birth th 18 of october

4. Place of Birth (Street and Number) 15 little Jason ally

5. Full Name of Mother Mrs George W Watts

6. Mother's Maiden Name Mary Caroline Swan

7. Mother's Birthplace Fredrick County Maryland

8. Full Name of Father George Washington Watts

9. Father's Occupation a waiter by trade

10. Father's Birthplace Saint Mays County

Name of Medical Attendant, or other Person who makes this Return. Miss Annie Johnson

Address 92 Jason Street

Remarks Doing well

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18945

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 16. 1882
4. Place of Birth (Street and Number)	67 Johns Alley
5. Full Name of Mother	~~Maranda Brinatte~~ Mandy Hooper
6. Mother's Maiden Name	Mandy Ringold
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John Harper
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Lucy Cornish 13 Sunderland
Address	
Remarks	

...ician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...th of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ys thereafter, stating distinctly the date of birth, sex, and color of the child or children ...f their physical condition, whether still born or not, the full name, nativity, and residence ...arents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58946

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 18th 1882
4. *Place of Birth, (Street and Number)* No 261 S. Charles St.
5. *Full Name of Mother,* Elise Craus
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Henry Craus
9. *Father's Occupation,* Dealer in Wood and Coal
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 8947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23? 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 18th 1882
4. *Place of Birth, (Street and Number)* at 516 Light st
5. *Full Name of Mother* Anna Schon
6. *Mother's Maiden Name* Anna Brecko
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Schon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address No 18 Byrd st

Remarks

RETURN OF A BIRTH, 18948

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 18th 1882
4. *Place of Birth, (Street and Number)* Fort Avenue N° 305
5. *Full Name of Mother* Mary Braun
6. *Mother's Maiden Name* Mary Frank
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Kinder Braun
9. *Father's Occupation* Sign maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Sweeney

Address N° 18 Byrd St

Remarks

RETURN OF A BIRTH 58949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Oct 18th
4. *Place of Birth,* (*Street and Number*) 123 N. Stricker
5. *Full Name of Mother,* Jennie Dell
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John A. Dell
9. *Father's Occupation,* Paperhanger
10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other Person who makes this Return H. Fortmeier M.D.

Address,

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Cenredo Johnson baby

1. *Sex, (state whether male or female)* Born on the 18 of Oct 1882
2. *Race or Color, (if not of the white race)* female No 6 little Calhoun St
3. *Date of Birth,* J Gorganin Web
4. *Place of Birth, (Street and Number)* No 104 Sarah ann
5. *Full Name of Mother,* first child
6. *Mother's Maiden Name,* Iles Hueson father
7. *Mother's Birthplace,* Ceylon and Wales
8. *Full Name of Father,* and her birth Baltimore
9. *Father's Occupation,* and his birth Baltimore
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 18951

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth* Oct 18 1892
4. *Place of Birth, (Street and Number)* N° 127 Druid Hill Avenue
5. *Full Name of Mother* Mary Ringold
6. *Mother's Maiden Name* Mary Hanna
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Sam Ringold
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J Pattison M D

Address 23 Franklin st

Remarks

RETURN OF A BIRTH 58952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 18th 1882
4. *Place of Birth, (Street and Number)*	55 Ensor St
5. *Full Name of Mother,*	Lovina Holtz
6. *Mother's Maiden Name,*	" Renoff
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo G Holtz
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Balt Md
Name of Medical Attendant, or other Person who makes this Return	Regina A Winter
Address,	186 Harford Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18 1882
4. *Place of Birth, (Street and Number)* 29 Druid Hill ave
5. *Full Name of Mother,* Mollie Ritter
6. *Mother's Maiden Name,* Peter
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Ritter
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs A Meseuzehl

Address, 345 Pema

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

Over

18954

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Louisa Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 18th 1882.
4. *Place of Birth, (Street and Number)* No 23 Moiller St.
5. *Full Name of Mother.* Minie Moiller
6. *Mother's Maiden Name,* Mibbie Hammel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Justus ~~(Augest)~~ F. Miller
9. *Father's Occupation,* Cabinet
10. *Father's Birthplace.* Germany.

Name of Medical Attendant, or other Person who makes this Return M. A. Lyth.

Address, No 185 S.E. cor. Centre av. & Monument St.

Remarks, All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 18 1882
4. *Place of Birth, (Street and Number)*	#105 Bond St
5. *Full Name of Mother,*	Susana Allice
6. *Mother's Maiden Name,*	McDonnell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Allice
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krogh
Address,	226 Canton Ave
Remarks,	

NOV 14 1882 BALTIMORE

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 18, 1882
4. *Place of Birth, (Street and Number)*	94 William St.
5. *Full Name of Mother,*	Cynthia M. Baker
6. *Mother's Maiden Name,*	Stanley
7. *Mother's Birthplace,*	New Hampshire
8. *Full Name of Father,*	S. F. Baker
9. *Father's Occupation,*	Minister of the Gospel
10. *Father's Birthplace,*	Maine
Name of Medical Attendant, or other Person who makes this Return	John Hood, M.D.
Address,	322 Hollins St.
Remarks,	Seven months — Lived 4 days

NOV 4 1882

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 19
4. *Place of Birth, (Street and Number)*	96 Saratoga St.
5. *Full Name of Mother,*	Adelaid Bealmear
6. *Mother's Maiden Name,*	Reamy
7. *Mother's Birthplace,*	Queen Ann's Co.
8. *Full Name of Father,*	Saml. Bealmear
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address,	251 Mag. Ave
Remarks,	Forceps

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

1898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the ~~white~~ race)*
3. *Date of Birth* October 19 1892
4. *Place of Birth (Street and Number)* No 213 French St
5. *Full Name of Mother* LeCilea Brown
6. *Mother's Maiden Name* LeCilea Muldow
7. *Mother's Birthplace* Part Tobacco Md
8. *Full Name of Father* James Brown
9. *Father's Occupation* Laber
10. *Father's Birthplace* Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Inkeeper Md

Address No 36 Davis St Baltimore Md

Remarks Born

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

8919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 19th 1882
4. Place of Birth (Street and Number)	Whalcoat St No 3
5. Full Name of Mother	Mary E. Fauth
6. Mother's Maiden Name	Mary E. Ubert
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Fauth
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. G. Sparrow M.D.
Address	N. Stricker St No 427
Remarks	

Fee Record by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

5896a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Oct 19 1882
4. *Place of Birth, (Street and Number)* 226 Leest
5. *Full Name of Mother,* Susan Hindman
6. *Mother's Maiden Name,* " Hoeter
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Peter Hindman
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return H. H. Webster

Address, 57 Barnet

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Augusta Ehrlanger

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 19 Oct.
4. Place of Birth, (Street and Number) 321 Gay st
5. Full Name of Mother, Bertha Ehrlanger
6. Mother's Maiden Name, Apple
7. Mother's Birthplace, Baden
8. Full Name of Father, Bernhardt Ehrlanger
9. Father's Occupation, Clerk
10. Father's Birthplace, Baiern

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allig

Address, 48 Holliday

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 20 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8tes Kind

1. Sex, (state whether male or female) Bub.

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, geboren den 19ten October

4. Place of Birth, (Street and Number) № 25 Bank Str

5. Full Name of Mother, Franzeika Meier

6. Mother's Maiden Name, Franzeike Aust.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Meier

9. Father's Occupation, Handarbeiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202 L. Fells Str

Remarks, Hebamme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58963

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 19th
4. *Place of Birth, (Street and Number)* 2d door N. W. Cor Pennsylvania Ave & Mosher
5. *Full Name of Mother,* Jennie Wagner
6. *Mother's Maiden Name,* Jennie Howard
7. *Mother's Birthplace,* Balt. Co
8. *Full Name of Father,* Henry Wagner
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Norman F Hill M D

Address. Cor Calhoun & Fayette st.

Remarks, I forget the number of the house on Pensylvania Ave.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 5th, 19, 1882
4. *Place of Birth, (Street and Number)* Rice Ave St. N 2239
5. *Full Name of Mother,* Margaretha Goetze
6. *Mother's Maiden Name,* Margaretha Ott
7. *Mother's Birthplace,* Vielbrunn, b. Baiern Germany
8. *Full Name of Father,* Louis Goetze
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Hessel, Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1 Bates St. N 4 26

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Brown complexion
3. *Date of Birth,* October 14th 1882
4. *Place of Birth,* (Street and Number) 4 Hamilton St
5. *Full Name of Mother,* Susan Knapp
6. *Mother's Maiden Name,* Susan Bean
7. *Mother's Birthplace,* Northumberland Co, Md
8. *Full Name of Father,* George Knapp
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Easternshore Va

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 2 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* October 19 1882

4. *Place of Birth, (Street and Number)* 468 E Chase St

5. *Full Name of Mother.* Harriet A Morgan

6. *Mother's Maiden Name,* Hallon

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas H Morgan

9. *Father's Occupation,* Bricklayer

10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Albrecht

Address, 286 N Smith st

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collord
3. *Date of Birth,* October 19
4. *Place of Birth, (Street and Number)* Pu ten feet Alley
5. *Full Name of Mother,* Margarett Bias
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* St Mary Co
8. *Full Name of Father,* Samuel Smith
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Montgomery Co

Name of Medical Attendant, or other Person who makes this Return Leah Walker

Address, Duncan Alley Po 15

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	19 october 1882
4. *Place of Birth, (Street and Number)*	Gurley st
5. *Full Name of Mother*	Sarah burgan
6. *Mother's Maiden Name,*	Gertner
7. *Mother's Birthplace,*	baltimore
8. *Full Name of Father,*	J burgan
9. *Father's Occupation,*	Leiber
10. *Father's Birthplace*	baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park Ave
Remarks,	

OCT 23 1882 BALTIMORE

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 18969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 25 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* october 19 1882
4. *Place of Birth, (Street and Number)* 115 south washington street
5. *Full Name of Mother* Louise Eardley
6. *Mother's Maiden Name* Louise Henderson
7. *Mother's Birthplace* England
8. *Full Name of Father* Solomon Eardley
9. *Father's Occupation* potter
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address collington avenue

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Oct 19 1882

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Coloured
3. *Date of Birth,*	oct 19
4. *Place of Birth, (Street and Number)*	No 53. Rice St
5. *Full Name of Mother,*	Annie George
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George H. Harper
9. *Father's Occupation,*	Fisherman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Millie Blake
Address,	53. Carleton St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18971

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth,

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 19th; 4 P.M.
4. *Place of Birth, (Street and Number)* No. 12 Parkins St.
5. *Full Name of Mother,* Bracis Mary McCarney
6. *Mother's Maiden Name,* Howe
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Francis Carney
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other Person who makes this Return Jno. H. Eldridge

Address, N. E. Cor. Columbia ave. & Fremont Street.

Remarks, Child in good physical condition, & living

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 58972

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 19 bre
4. *Place of Birth, (Street and Number)* Central Avenue 307
5. *Full Name of Mother,* Barbara Dilleman
6. *Mother's Maiden Name,* Barbara F Schrenger
7. *Mother's Birthplace,* Bavière Oberfranchen
8. *Full Name of Father,* Mathieu Dilleman
9. *Father's Occupation,* maçonier
10. *Father's Birthplace,* Sohnen + Brusse

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, midwife 639 E. Eager Street Ba.

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

H.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	October 19 — 1882
4. *Place of Birth, (Street and Number)*	Baltimore Clifford St No 30
5. *Full Name of Mother,*	Amanda Wonder
6. *Mother's Maiden Name,*	Amanda Hagan
7. *Mother's Birthplace,*	Woodberry Balt County
8. *Full Name of Father,*	Louis Wonder
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Pittsburg Pa
Name of Medical Attendant, or other Person who makes this Return	Mr Downer
Address,	No 60 Leicester St.
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58974

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th October
4. *Place of Birth, (Street and Number)*	130 N Eutaw St
5. *Full Name of Mother,*	Olivia Martin
6. *Mother's Maiden Name,*	Olivia Walker
7. *Mother's Birthplace,*	Norfolk
8. *Full Name of Father,*	Wm J. Martin
9. *Father's Occupation,*	Restaurateur
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Leander Reigs Gebauer
Address,	N E 28 N Frederick St
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58975

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
23
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourteenth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 20 - 82 -
4. Place of Birth (Street and Number)	#249 Dolphin St.
5. Full Name of Mother	Mary E. Finkbeiner
6. Mother's Maiden Name	Mary E. Hoffman
7. Mother's Birthplace	Maryland
8. Full Name of Father	Geo. Henry Finkbeiner
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sarah Bowers
Address	253 Dolphin St
Remarks	Naturae Labor

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18776

(Over)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Friday Oct 20th 1882.
4. *Place of Birth, (Street and Number)* No 421 Frederick Ave.
5. *Full Name of Mother* Amelia Herchenhan. Herchenhahn
6. *Mother's Maiden Name* Amelia Peters
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ernst ~~Ernst~~ Herchenhan
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No 57 Bankard St.

Remarks

RETURN OF A BIRTH

18777

(over)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 25 2
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Name of child: Joseph Schwartzman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) whites
3. *Date of Birth*, 20 Oct.
4. *Place of Birth*, (Street and Number) 39 Harrison St
5. *Full Name of Mother*, Barbara (Schwartzman
6. *Mother's Maiden Name*, " Sandauer
7. *Mother's Birthplace*, Bairen
8. *Full Name of Father*, Geo. Schartzman
9. *Father's Occupation*, Schoemaker
10. *Father's Birthplace*, Bairen

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Illig

Address, 418 Holland st

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

58978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 20, 1882
4. *Place of Birth, (Street and Number)* East St. No 193
5. *Full Name of Mother,* Anna Lomp
6. *Mother's Maiden Name,* Anna Tristrup
7. *Mother's Birthplace,* Heilgarten, K. Preussen, Germany
8. *Full Name of Father,* Georg Lomp
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Lillz, K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH. 18979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 23 1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 20th 1882
4. *Place of Birth (Street and Number)* No 331 William Street
5. *Full Name of Mother* Kate Adams
6. *Mother's Maiden Name* Kate McCann
7. *Mother's Birthplace* Balt city md
8. *Full Name of Father* George T Adams
9. *Father's Occupation* can maker
10. *Father's Birthplace* Accamac Co Va

Name of Medical Attendant, or other Person who makes this Return. E Hinton

Address No 23 Patapsco Ave

Remarks

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ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 18980

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d child

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) ~~~~
3. *Date of Birth,* Oct. 20. 1882
4. *Place of Birth,* (*Street and Number*) No. 269 S. Sharp St.
5. *Full Name of Mother,* Helene Krantz
6. *Mother's Maiden Name,* " Lappy
7. *Mother's Birthplace,* Cur Hessen
8. *Full Name of Father,* William Krantz
9. *Father's Occupation,* Tayler
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Krol

Address, No. 328 S. Eutaw St.

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 18981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 20th 1882
4. Place of Birth (Street and Number)	91 East Pratt St
5. Full Name of Mother	Margaret Myers
6. Mother's Maiden Name	Margaret Wallenreiu
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Wm H. Myers
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Chas M. Morfit M.D.
Address	No 67 East Balto St
Remarks	

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

18982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male Child
2. *Race or Color (if not of the white race)*	Colored Child
3. *Date of Birth*	July 20, 1882
4. *Place of Birth (Street and Number)*	Charles Street No 409
5. *Full Name of Mother*	~~E. W. Smothers~~ Johnson
6. *Mother's Maiden Name*	Mary E Smothers
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	R. W. Smothers
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Talbot County Md.
Name of Medical Attendant, or other Person who makes this return	Diannia Cumpton
Address	West Street No 154
Remarks	Very Good Condission

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) the 2

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* the 20. Oct
4. *Place of Birth,* (*Street and Number*) No 148 Sommerset St
5. *Full Name of Mother,* Magei Bitz
6. *Mother's Maiden Name,* Magei Ebert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Ebert
9. *Father's Occupation,* Framan
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer,

Address, 173, Harker, ave,

Remarks, 1892

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

58982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 20. Oct
4. *Place of Birth, (Street and Number)* No. 212 Sterling St,
5. *Full Name of Mother,* Mammei Slick
6. *Mother's Maiden Name,* Mammei Harris
7. *Mother's Birthplace,* Leitersburg, M. D.
8. *Full Name of Father,* Frang Harris
9. *Father's Occupation,* Sickkar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Lauer

Remarks, 17 Harper ave 1889

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

58985

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 20th 1882
4. Place of Birth (Street and Number)	109 N. Ann
5. Full Name of Mother	Clara Appleby
6. Mother's Maiden Name	Clara Irvine
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Samuel Appleby
9. Father's Occupation	Wood Engraver
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm N. Hill M.D.
Address	196 E. Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 2nd
4. *Place of Birth, (Street and Number)* 319 W. Pratt st.
5. *Full Name of Mother,* Mary Fieger
6. *Mother's Maiden Name,* Mary Schanze
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Fieger
9. *Father's Occupation,* Cabinate maker
10. *Father's Birthplace,* Baden Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Y of Cd.
4. *Place of Birth, (Street and Number)* City No. 17 Sterret. st.
5. *Full Name of Mother,* Molly Houseman.
6. *Mother's Maiden Name,* Molly Leanokoe.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E. Houseman
9. *Father's Occupation,* Hoxseler,
10. *Father's Birthplace,* B Philadelph.

Name of Medical Attendant, or other Person who makes this Return Mrs. Sebaak.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of October 1892
4. *Place of Birth, (Street and Number)*	59 South Durham strat
5. *Full Name of Mother,*	Maggie Rodsman
6. *Mother's Maiden Name,*	Maggie Kerner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Kerner
9. *Father's Occupation,*	Laborman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Crescintia Kunkel
Address,	71 North Chappel strat per Justina Kunkel
Remarks,	Healthy

OCT 24 1892

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	oct 20 315 a m
4. *Place of Birth, (Street and Number)*	Balto Scott St no 32
5. *Full Name of Mother,*	Elizabeth a Wilson
6. *Mother's Maiden Name,*	Shink
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Franklin P Wilson
9. *Father's Occupation,*	Shipcarpenter
10. *Father's Birthplace.*	Princess Anne Co Va
Name of Medical Attendant, or other Person who makes this Return	mrs Lisbeck
Address,	Pratt St
Remarks,	none

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Extract from Records of Vital Statistics of the City of Baltimore.

J. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	October 20th 1882.
4. Place of Birth (Street and Number)	142 N Carrollton Ave.
5. Full Name of Mother	Catharine Estelle Delaney.
6. Mother's Maiden Name	Catharine Estelle Kennedy.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Harry J Delaney.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Geo L Pennington Med
Address	134 N Carrollton Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 18991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
28
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 20th 1882
4. Place of Birth (Street and Number)	21 Myrtle Ave
5. Full Name of Mother	Henrietta Gerlach Jones
6. Mother's Maiden Name	Gerlach.
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Jones
9. Father's Occupation	Police Officer
10. Father's Birthplace	Eastern Shore Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. G. Jay M.D.
Address	175 Franklin St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 58792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 20th 1882
4. Place of Birth, (Street and Number) No 58 Block 6th
5. Full Name of Mother, Louisa Kammersel
6. Mother's Maiden Name, " Nicolaus
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Kammersel
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Banks St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

18993

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth October the 20th
4. Place of Birth (Street and Number) Mc Henry St 431
5. Full Name of Mother Anna B Thompson
6. Mother's Maiden Name Anna B Baitzell
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm S Thompson
9. Father's Occupation Fireman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anderson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Oct the 20 1892
4. *Place of Birth,* (*Street and Number*) Balt marg Alley. No
5. *Full Name of Mother,* Emma Hawkins
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Fredrick City md
8. *Full Name of Father,* William H Hawkins
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

58995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* oct the 20 1882.
4. *Place of Birth, (Street and Number)* Baltimore Oxford 1st to 20
5. *Full Name of Mother,* Mary turner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* winchester va
8. *Full Name of Father,* jacob turner.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co and

Name of Medical Attendant, or other Person who makes this Return Mary E Dorsey

Address, 83 Oxford St

Remarks,

BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

58996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Name, Johanna Anna Estelle

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 20. 82.
4. Place of Birth, (Street and Number) Orleans 359
5. Full Name of Mother, Minna (Hubner) Hebner
6. Mother's Maiden Name, Pitsch
7. Mother's Birthplace, Balt.
8. Full Name of Father, Georg (Hubner) Hebner
9. Father's Occupation, Lebner
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Retnrn Wm F. Bamberger

Address, E. Fred 14

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 20th 1882
4. *Place of Birth, (Street and Number)*	No 125 Low St.
5. *Full Name of Mother,*	Leona James
6. *Mother's Maiden Name,*	Leonal Spencer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Loicd James
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. F. Butt
Address,	No 185 S.E. cor Central ave. & Monument St.
Remarks,	All Well

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Wille
3. *Date of Birth,* 20 October 1882
4. *Place of Birth, (Street and Number)* Baltic Cross St 312
5. *Full Name of Mother,* Chaterine Wendel
6. *Mother's Maiden Name,* " " " Moele
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Wendel
9. *Father's Occupation,* Lieber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Rath Münch

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 58999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Alice Louise Norwood.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 20th of October
4. *Place of Birth, (Street and Number)* 200. hanover street
5. *Full Name of Mother,* Mrs. Minnie Norwood
6. *Mother's Maiden Name,* Miss Minnie Brecht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Charles Norwood
9. *Father's Occupation,* Can maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Ruth Minnich

Address, 1 Lawrenceville St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

19000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 20th 1882
4. *Place of Birth, (Street and Number)* No 18 Williams st
5. *Full Name of Mother,* Louisa Galleon
6. *Mother's Maiden Name,* Louisa Fusch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Galleon
9. *Father's Occupation,* Laboar
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Dana Hillegeist

Address, 182 E Monument

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

SJ 001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 21st 1882
4. *Place of Birth, (Street and Number)*	377 Park Ave.
5. *Full Name of Mother,*	Lydia Stickney
6. *Mother's Maiden Name,*	Lydia Pearson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George W Stickney
9. *Father's Occupation,*	Iron Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	G W Williamson
Address,	121 W. Monument St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Yes~~ 4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	21st October
4. *Place of Birth, (Street and Number)*	459 Day Street
5. *Full Name of Mother,*	Lizzie Henrichs
6. *Mother's Maiden Name,*	Sailer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Henrichs
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Carper
Address,	72 E. Lombard Street
Remarks,	

HEALTH DEPARTMENT OCT 24 1902 BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 59003

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Sat Oct 21st 1882.
4. Place of Birth, (Street and Number) No 17 Bantaloe St
5. Full Name of Mother Lizzie Wahl.
6. Mother's Maiden Name Lizzie Calbfleich
7. Mother's Birthplace Germany.
8. Full Name of Father Charles Wahl.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.

Address No 57 Bantaloe St

Remarks

RETURN OF A BIRTH, 19004

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 21st 1882
4. *Place of Birth, (Street and Number)* No 1 Randall st
5. *Full Name of Mother* Kate Johnson
6. *Mother's Maiden Name* Kate Anderson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Decha Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Flemming

Address No 18 Bryant st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH OFFICE OCT 23 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 21
4. *Place of Birth, (Street and Number)*	340 N. Eutaw St.
5. *Full Name of Mother,*	Mary Devon Connolly
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	John Devon
9. *Father's Occupation,*	Contractor
10. *Father's Birthplace,*	Iowa
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address,	257 Madison Ave.
Remarks,	Instrumental Assistance

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* M
3. *Date of Birth,* Oct 21, 1882
4. *Place of Birth, (Street and Number)* 39 W Eager St
5. *Full Name of Mother,* Mary Reindoliar
6. *Mother's Maiden Name,* " Warder
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* J. E. Reindoliar
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Richard McSherry MD

Address, 189 N Howard St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 23 1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Oct 21, 1882
4. *Place of Birth* (Street and Number) No 96 Fawn St
5. *Full Name of Mother* Mary Allen Gard
6. *Mother's Maiden Name* Mary Allen
7. *Mother's Birthplace* New Haven Con
8. *Full Name of Father* Wm. Gard
9. *Father's Occupation* Gauger
10. *Father's Birthplace* Springfield - Ohio

Name of Medical Attendant, or other Person who makes this Return. Dr. B. F. Herman

Address No 175 N. Carey

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 17008

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* born october 21
4. *Place of Birth (Street and Number)* No 103 Raborg St
5. *Full Name of Mother* Clara Shipley
6. *Mother's Maiden Name* Clara Burell
7. *Mother's Birthplace* Bath Berckley Springs West va
8. *Full Name of Father* Willum Shipley
9. *Father's Occupation* Carter
10. *Father's Birthplace* Prince Georges County Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address No 258 Raborg St

Remarks none

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 3d Child

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) —
3. *Date of Birth,* Oct. 21. 1882
4. *Place of Birth,* (*Street and Number*) Nro 173 Columbia Av.
5. *Full Name of Mother* Lina Dorner
6. *Mother's Maiden Name,* Steg
7. *Mother's Birthplace,* Hessen Darmstadt.
8. *Full Name of Father,* John Doner
9. *Father's Occupation,* Labarer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Knox

Address, Nro 328 S Eutaw St.

Remarks,

J. Q. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 59010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of October 1882
4. Place of Birth, (Street and Number) 435 Eager Street
5. Full Name of Mother, Nancy Hollehog
6. Mother's Maiden Name, Nancy Bright
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Samy Bright
9. Father's Occupation, Tinner
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chapel street per Crescintia Kunkel

Remarks, Healthy.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 59011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 25 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 21 1882
4. *Place of Birth, (Street and Number)* 74 Lancaster street
5. *Full Name of Mother* Sophia Ellis
6. *Mother's Maiden Name* Sophia Brown
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* William Ellis
9. *Father's Occupation* Cobler
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary conner 153

Address Collington avenue

Remarks

RETURN OF A BIRTH 59012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1242
1902
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 21te October
4. *Place of Birth, (Street and Number)* Nº 249 S. Dallas St
5. *Full Name of Mother,* Barbara Mc Lauisen
6. *Mother's Maiden Name,* Barbara Frist
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tom Mc Lauisen
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friderike Kaufmann

Address, Nº 202 S. Dallas St

Remarks, Hebamme

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October th 21, 1882
4. *Place of Birth, (Street and Number)* 106 Cooksie St Locust Point Baltimore
5. *Full Name of Mother,* Laura Virginia Wroten
6. *Mother's Maiden Name,* Laura Virginia Lentz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Wroten
9. *Father's Occupation,* Rollmillman
10. *Father's Birthplace,* Urenansbounty

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No 13 Cuba Street

Remarks, Locust Point Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21st 1882
4. *Place of Birth, (Street and Number)* 241 Calhoun St
5. *Full Name of Mother,* Emma Edwards
6. *Mother's Maiden Name,* Emma Paper
7. *Mother's Birthplace,* Petersburg Va
8. *Full Name of Father,* John Raper
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Pertersburg

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 345 [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

18 # RETURN OF A BIRTH 19015

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT CITY HALL BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21st 1882
4. Place of Birth, (Street and Number) 101 Scott St
5. Full Name of Mother, Annie Taft
6. Mother's Maiden Name, Annie Fosh
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Taylor Edward Taft
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return J. K. Wiley MD

Address, 158 Kensington

Remarks,

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (~~state whether male~~ or female)* ~~21st Oct 1882~~
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21st Oct 1882
4. *Place of Birth, (Street and Number)* 133 N Gilmor St
5. *Full Name of Mother,* May R Brewer
6. *Mother's Maiden Name,* May Richards
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Rawlings G Brewer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo H Capter

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

19017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male ~~or female~~)* ~~Mädchen~~ Männlich
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* den 21 October 1882.
4. *Place of Birth, (Street and Number)* No 176 S. Greene Street
5. *Full Name of Mother,* Ema Pauliene Pappermann
6. *Mother's Maiden Name,* " " Pfeiffer
7. *Mother's Birthplace,* Germania Königreich Sachsen Pirna
8. *Full Name of Father,* Carl Ernst Pappermann
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Germania Königreich Sachsen Gröba b/ Riesa

Name of Medical Attendant, or other Person who makes this Return Raff Münch

Address, 1 Frederick Hall St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday Morning Octo. 20th 1882.
4. *Place of Birth, (Street and Number)*	44 N. Poppleton St.
5. *Full Name of Mother,*	Rachael Herring.
6. *Mother's Maiden Name,*	Rachel Sands.
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Thomas F. Herring.
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Westminster, Carroll Co. Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Winslow. M.D.
Address,	26½ Greenmount Ave.
Remarks,	Verbex Presentation

J. J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	~~October 21st 1882~~
3. *Date of Birth,*	October 21st 1882
4. *Place of Birth, (Street and Number)*	Hanover st. 709
5. *Full Name of Mother,*	Lena Blase
6. *Mother's Maiden Name,*	Lena Benois
7. *Mother's Birthplace,*	South-America
8. *Full Name of Father,*	Otto Blase
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Blumenthal. Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dunlee
Address,	No. 60 Schroeder St.
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct - 22nd 1882
4. *Place of Birth, (Street and Number)* No - 366, Canton Av.
5. *Full Name of Mother,* Elizabeth Butcher
6. *Mother's Maiden Name,* " Donoghue
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Butcher.
9. *Father's Occupation,* Laborer -
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return A. S. Clarke - M.D.

Address, 235. Gough.

Remarks, Premature Birth, 7th month, lived three days.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1881

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Sunday 2 o'clock PM Oct 23d 1881.
4. *Place of Birth, (Street and Number)* 15 O'Donnell St
5. *Full Name of Mother* Anna Nersake
6. *Mother's Maiden Name* Anna Bistow
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles ~~Nersake~~ Nersake
9. *Father's Occupation* House Carpinter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J E Richardson M D

Address 38 O'Donnell St

Remarks The Midwife failed to deliver. I was call'd and used Forceps and delivered in the regular way Mother and child are now doing well

RETURN OF A BIRTH

S 90 22

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 7

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 22 Oct.
4. *Place of Birth*, (*Street and Number*) 170 Baltimore street
5. *Full Name of Mother*, Christina Gardner
6. *Mother's Maiden Name*, " Schlitzberger
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Frederick Gardner
9. *Father's Occupation*, Notion store
10. *Father's Birthplace*, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Uhlig

Address, 48 Holland St

Remarks,

Every Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 6

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Jewish
3. *Date of Birth,* 22 Oct
4. *Place of Birth,* (*Street and Number*) 115 Central ave.
5. *Full Name of Mother* Lizzie Eisenmann
6. *Mother's Maiden Name,* " Ehrlanger
7. *Mother's Birthplace,* Wittemberg Europe
8. *Full Name of Father,* Myer Eisenmann
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Baaden

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulrich

Address, 48 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S7024

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1252
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22 Oct
4. *Place of Birth, (Street and Number)* 99 chapple street
5. *Full Name of Mother,* Mary Stapfell
6. *Mother's Maiden Name,* " Kissner
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Stapfell
9. *Father's Occupation,* cigar maker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland st

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) Colored

3. *Date of Birth,* 22 Oct 1892

4. *Place of Birth,* (Street and Number) 73 Robinson St

5. *Full Name of Mother,* Sarah Reynolds

6. *Mother's Maiden Name,* Sarah Reynolds

7. *Mother's Birthplace,* Annarundel County

8. *Full Name of Father,* Jacob Simms

9. *Father's Occupation,* Wagon Driver

10. *Father's Birthplace,* Annarundel

Name of Medical Attendant, or other Person who makes this Return. Mary Chew

Address, No 1 Cross alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

1926

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 25 1926
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 22nd 1882
4. *Place of Birth (Street and Number)*	124 N High St
5. *Full Name of Mother*	Augusta Volkmar
6. *Mother's Maiden Name*	Augusta Matter.
7. *Mother's Birthplace*	Europe
8. *Full Name of Father*	Albert F. Volkmar
9. *Father's Occupation*	merchant
10. *Father's Birthplace*	Baltimore. Md
Name of Medical Attendant, or other Person who makes this Return.	G. A. Dobbins M.D.
Address	806 E. Fayette St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 22nd 1882
4. *Place of Birth (Street and Number)* 270. Argyle Ave
5. *Full Name of Mother* Georgiana Culverton
6. *Mother's Maiden Name* Georgiana Stone
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* Isaac G. Culverton
9. *Father's Occupation* Grand Manager
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. H. J. Coffroth M.D.

Address 330. Penna Ave City

Remarks

RETURN OF A BIRTH

59028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 22d 82
4. *Place of Birth, (Street and Number)* 94 Baker
5. *Full Name of Mother,* Mary Divin
6. *Mother's Maiden Name,* " Frisly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hellen Divin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo W Ames M D

Address, S W Cor Pennt & Stricker

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 22nd @ 4,25 A.M.
4. *Place of Birth, (Street and Number)*	465 West Fayette St
5. *Full Name of Mother,*	Mrs Clara E. Albert
6. *Mother's Maiden Name,*	Clara E. Gray
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Fredrick J. S. Albert
9. *Father's Occupation,*	Machinest
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return	Mrs Silbach
Address,	439 West Pratt St
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 19030

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 25 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* october 22 1882
4. *Place of Birth, (Street and Number)* 17 collington avenue
5. *Full Name of Mother* Elizabeth a torney
6. *Mother's Maiden Name* Elizabeth a turner
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Samuel a torney
9. *Father's Occupation* ship carpenter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address collington avenue

Remarks

RETURN OF A BIRTH, 19031

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Oct 22 1852
4. *Place of Birth, (Street and Number)* 182 N Calvert
5. *Full Name of Mother* Martha Waters
6. *Mother's Maiden Name* Martha Marsden
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm S Waters
9. *Father's Occupation* Rail Road President
10. *Father's Birthplace* Hartford Co Md

Name of Medical Attendant, or other Person who makes this Return. Patterson M D

Address 22 Franklin

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

59032

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct 22th 1892.
4. *Place of Birth, (Street and Number)* No 56 Stocken st.
5. *Full Name of Mother,* Mary Meats.
6. *Mother's Maiden Name,* " Esvine.
7. *Mother's Birthplace,* Brisin.
8. *Full Name of Father,* Conrad Meats.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace.* Brisin.

Name of Medical Attendant, or other Person who makes this Return E. Schmitt.

Address, No 340 Penna Ave

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1902 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~) .....

1. *Sex,* (*state whether* ~~male or~~ *female*) .....
2. *Race or Color,* (*if not of the white race*) .....
3. *Date of Birth,* October 22nd 1882
4. *Place of Birth,* (*Street and Number*) 328 N Broadway
5. *Full Name of Mother* Rebecca J. Brignendello
6. *Mother's Maiden Name,* " " Dentz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ludivico Brignendello
9. *Father's Occupation,* Ship Broker
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, No 238 N. Broadway

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 19031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* born on the 22d of Oct. 1882
4. *Place of Birth, (Street and Number)* Lemon Alley between Pratt & Fa
5. *Full Name of Mother,* Lina Horn
6. *Mother's Maiden Name,* L. Heis
7. *Mother's Birthplace,* born in the City of Balto.
8. *Full Name of Father,* Frederick Horn.
9. *Father's Occupation,* Worker
10. *Father's Birthplace,* born in Howard County Md.

Name of Medical Attendant, or other Person who makes this Return Mr. Heller

Address, 1017 W. Pratt St.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59035

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 27th 1882
4. *Place of Birth, (Street and Number)*	109 S. Paca St
5. *Full Name of Mother,*	Mary E. Letz
6. *Mother's Maiden Name,*	Mary E. Kelly
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph W. Letz
9. *Father's Occupation,*	Chemical Plumber
10. *Father's Birthplace,*	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke Mt
Address,	146 Hanover St
Remarks,	

HEALTH DEPARTMENT OCT 1232 1882 BALTIMORE

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct 22nd 1882
4. *Place of Birth, (Street and Number)*	322 N. Stricker St
5. *Full Name of Mother,*	Katy V. Eckman.
6. *Mother's Maiden Name,*	Katy Woodall
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Harry Eckman
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	B. C
Name of Medical Attendant, or other Person who makes this Return	J Harvey Hull M.D.
Address,	119 Edmondson Ave
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 22nd '82
4. *Place of Birth, (Street and Number)* 108 Mayotte Av
5. *Full Name of Mother,* Elizabeth Watkins
6. *Mother's Maiden Name,* Elizabeth McAtee
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* J. Edward Watkins
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J Heller M D

Address, 188 Franklin St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)* White	October 22 nd. 1882.
3. *Date of Birth,*	No 17 N. Wolf St.
4. *Place of Birth, (Street and Number)*	Bell Stock
5. *Full Name of Mother,*	Bell Clock
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	Wm Steer
8. *Full Name of Father,*	Butcher
9. *Father's Occupation,*	England
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt
Address,	No. 185 S. E. cor. Central a.s. & Monument St
Remarks,	All Well

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* boren october 22th
4. *Place of Birth, (Street and Number)* 178 Cross St
5. *Full Name of Mother,* Elisabeth Thal
6. *Mother's Maiden Name,* Elisabeth Flanaus
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Stephan Thal
9. *Father's Occupation,* Piano maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Kath Minnes

Address, 1 Lee Denhall St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59040

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* oct the 22 1882
4. *Place of Birth, (Street and Number)* Baltimore Lanvale St No 195
5. *Full Name of Mother,* Mary Braco
6. *Mother's Maiden Name,* Thompson
7. *Mother's Birthplace,* Newmarket md
8. *Full Name of Father,* centreville md
9. *Father's Occupation,* grocer and coal Dealer
10. *Father's Birthplace,* Benjamin Bracco

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 57041

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 22
4. *Place of Birth, (Street and Number)*	No 40 S Mount Street
5. *Full Name of Mother,*	Otilia Josephina Janson
6. *Mother's Maiden Name,*	Otilia Josephina Eustel
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Charles William Janson
9. *Father's Occupation,*	Organist & Teacher
10. *Father's Birthplace,*	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return	Mrs Douglas
Address,	No 60 Schroeder St
Remarks,	

NOV 10 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 October
4. *Place of Birth, (Street and Number)* 79 Aisquith st
5. *Full Name of Mother,* Ella MacCaulay
6. *Mother's Maiden Name,* Mc Dowell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert MacCaulay
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Chier

Address, 227 E Monument st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5904 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22nd 1882
4. *Place of Birth, (Street and Number)* No 271 Risquith st
5. *Full Name of Mother,* Deana Hebrank
6. *Mother's Maiden Name,* Dena Willinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Hebrank
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Lancaster Pa

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeiso

Address. 152 E Monument st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPT. OF HEALTH
NOV 8 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* Oct 23 1882
4. *Place of Birth, (Street and Number)* 117 W. Biddle St.
5. *Full Name of Mother,* Maggie Cormack
6. *Mother's Maiden Name,* " O'Donnell
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Alfred Cormack
9. *Father's Occupation,* Police officer
10. *Father's Birthplace,* Nova Scotia

Name of Medical Attendant, or other Person who makes this Return G Lane Tanyhill

Address, 129 W Biddle

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

19045

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 24
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second —

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 23d 1882
4. *Place of Birth (Street and Number)* 220 Harlem Ave
5. *Full Name of Mother* Annie Maria Landin
6. *Mother's Maiden Name* " " Webb —
7. *Mother's Birthplace* City
8. *Full Name of Father* Thomas A. Landin
9. *Father's Occupation* Clerk. U. S. Post Office
10. *Father's Birthplace* City —

Name of Medical Attendant, or other Person who makes this Return. Wm. D. B. Silliman M.D.

Address Carrollton Ave & Lamade St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

59046

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 25
1905
BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd Oct.
4. *Place of Birth, (Street and Number)* 168 N. Caroline St.
5. *Full Name of Mother,* Minnie Fader
6. *Mother's Maiden Name,* Minnie Bahr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. Fader.
9. *Father's Occupation,* Shoe filler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 120 N. Caroline St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

[1904]

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 2 1904 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth,* 22nd Oct.
4. *Place of Birth, (Street and Number)* Harford Ave.
5. *Full Name of Mother,* Denia Hines
6. *Mother's Maiden Name,* Denia Kerman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* L. Hines
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Carlisle St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

19045

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~3d, &c.~~)

1. *Sex* (~~*state whether male or*~~ *female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* Oct 23rd /82
4. *Place of Birth (Street and Number)* 187 Mulberry St
5. *Full Name of Mother* Ella M. Sprigg
6. *Mother's Maiden Name* Ella M. Crooks
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Thomas F. Sprigg
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Kroger Ted

Address 273 Lexington St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 23ten October
4. *Place of Birth, (Street and Number)* No 179. S. Bond Str
5. *Full Name of Mother,* Helena Meier
6. *Mother's Maiden Name,* Helena Pothe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ludwig Meier
9. *Father's Occupation,* Stevetor
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kindmann

Address, No 202. S. Dallas Str

Remarks. Hebamme

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

Extract Regulations of the Board of Health to secure a full correct Record of Vital Statistics in the City of Baltimore:

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing 59050

RETURN OF A BIRTH.

1901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* october 23
4. *Place of Birth (Street and Number)* No 196 South Eutaw St
5. *Full Name of Mother* Mary Eudie humphrey
6. *Mother's Maiden Name* Mary Julia murray
7. *Mother's Birthplace* Born in Calvert County Md
8. *Full Name of Father* Robert humphrey
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Born in Charles County Md

Name of Medical Attendant, or other Person who makes this Return. Charlott Wesson

Address No 258 Rabsey St

Remarks none

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

59052

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 23 '92
4. *Place of Birth, (Street and Number)* 500 Cary St Extended
5. *Full Name of Mother,* Julia Kershaw
6. *Mother's Maiden Name,* Julia Green
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Kershaw
9. *Father's Occupation,* Blacksmith

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo W Amiss M D

Address, S W Cor Pearl & Stetson

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 51053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 24 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 23 of Oct.
4. *Place of Birth, (Street and Number)* No 312 Eager St
5. *Full Name of Mother,* Susie Feihe
6. *Mother's Maiden Name,* Susie Meitel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Meitel
9. *Father's Occupation,* Bon Bakere
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer,

Address, 197 Harford ave

Remarks,

Born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

O. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59054

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 white

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 October
4. *Place of Birth, (Street and Number)* 311 Central Avenue
5. *Full Name of Mother,* M. Lizie Fife Eisenhauser
6. *Mother's Maiden Name,* M. L. Unkelbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georges Louis Eisenhauser
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 839 Eager Street.

Remarks, /

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19055

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* October 23rd 182.
4. *Place of Birth (Street and Number)* 98 S. Paca St.
5. *Full Name of Mother* Mary A. Booker.
6. *Mother's Maiden Name* Mary A. Hoffman.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Winfield S. Booker.
9. *Father's Occupation* Lawyer.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Kroger Ld

Address 273 W Lexington St

Remarks Premature at the 8th Month.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4'

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 23 1882

4. Place of Birth, (Street and Number) No 476 Light Street

5. Full Name of Mother, Annie Durst

6. Mother's Maiden Name, Annie Forrestdelle

7. Mother's Birthplace, Philadelphia Pa.

8. Full Name of Father, James Durst

9. Father's Occupation, Car driver

10. Father's Birthplace, Balt city md

Name of Medical Attendant, or other Person who makes this Return Dr. Hinton

Address, No 23 Patapsco St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, geboren den 23ten October

4. Place of Birth, (Street and Number) № 162 S. Spring Str

5. Full Name of Mother, Eva Wissig

6. Mother's Maiden Name, Eva Eikhof

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Fred. Wissig

9. Father's Occupation, Schreiner

Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202 S. Dallas Str

Remarks. Hebamme

of the parents, and the maiden name of the mother of such child or children."

DILLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

59058

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one child, second
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	23 day of Oct,
4. *Place of Birth, (Street and Number)*	129 Hillen.
5. *Full Name of Mother,*	Mary Kerrmann
6. *Mother's Maiden Name,*	Mary Krausz
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Louise Kerrmann
9. *Father's Occupation,*	Barber.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Mendel
Address,	Ensor street 64
Remarks,	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 23: 1882

4. Place of Birth, (Street and Number) 54 N Madison St

5. Full Name of Mother, Florence Bosse

6. Mother's Maiden Name, " Orpwood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alphonse N. Bosse

9. Father's Occupation, Lawyer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address. 201 Madison Ave

Remarks.

of the parents, and the maiden name of the mother of such child or children."

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Oct 27th 1882
4. *Place of Birth*, (*Street and Number*)	119 West St
5. *Full Name of Mother*,	Harriet Ryan
6. *Mother's Maiden Name*,	Harriet Voyce
7. *Mother's Birthplace*,	Baltimore Md
8. *Full Name of Father*,	Tom Ryan
9. *Father's Occupation*,	Laborer
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore F Kemp
Address,	140 Lanvale St
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

Name: Marie E Bramble

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct ~~23~~ 22 1882
4. Place of Birth, (Street and Number) 299 Tough St
5. Full Name of Mother, Clara E. (~~Mary~~) (~~Bramble~~) Bramble
6. Mother's Maiden Name, (~~Mary~~) (~~Bugbine~~) Langrall
7. Mother's Birthplace, Dorchester Co
8. Full Name of Father, Barzilla (~~Bing~~) (~~Bramble~~) Bramble
9. Father's Occupation, Boatsman
10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chester

Remarks,

...born, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

9062

HEALTH DEPARTMENT OCT 30 1902 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23. 1882
4. Place of Birth (Street and Number)	14. S Carey St
5. Full Name of Mother	Annie Thrift
6. Mother's Maiden Name	Annie Linthicum
7. Mother's Birthplace	Maryland
8. Full Name of Father	Benjamin Thrift
9. Father's Occupation	Conductor
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips M.D.
Address	347 W Lombard
Remarks	

RETURN OF A BIRTH 1906 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 1 1882
BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 23rd of October

4. *Place of Birth, (Street and Number)* Hudson Alley

5. *Full Name of Mother,* Hannah Adolphus

6. *Mother's Maiden Name,* " Keent

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frederick Adolphus

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Lopsley

Address. 36 Cathedral St

Remarks,

ULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9064

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 31 1882 BALTIMORE

born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 23 82
4. *Place of Birth, (Street and Number)* 34 George
5. *Full Name of Mother,* Mary E. McIntyre
6. *Mother's Maiden Name,* Mary Ann Conner
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James McIntyre
9. *Father's Occupation,* Policeman -
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address, 114 Park ave

Remarks,

N. B. PIET, PRINTER & STATIONER, BALT.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

19065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 23rd 1882
4. *Place of Birth (Street and Number)* 134 N. Calvert
5. *Full Name of Mother* Ida C. Williams (Ida C. Williams)
6. *Mother's Maiden Name* Ida C. Baker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Augustus C. Williams
9. *Father's Occupation* Ice Cream & Oyster Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. J. B. Rogers

Address 171 N. Calvert St

Remarks

RETURN OF A BIRTH

59066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

[illegible] of Child of Mother, (state whether ~~1st, 2d, 3~~d, &c.) 7

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Okt. 23 82.
4. Place of Birth, (Street and Number) N. Durham 39
5. Full Name of Mother, Margaretha Dinnelein
6. Mother's Maiden Name, Berthold
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Georg Dinnelein
9. Father's Occupation, Lebner
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs F. Baubach

Address, S Wolfstr 14

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Okt. 23. 82
4. *Place of Birth, (Street and Number)* Olianzstr 218
5. *Full Name of Mother,* Katharina Reinhardt
6. *Mother's Maiden Name,* Himmer
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Georg Reinhardt
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs F. Rombach

Address, S Wolf 14

Remarks,

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59068

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23th of October
4. *Place of Birth, (Street and Number)* 304 cross and leadenhall st
5. *Full Name of Mother,* Minnie Augusta Koldewey
6. *Mother's Maiden Name,* Minnie Fehmel
7. *Mother's Birthplace,* Zeitfeld Provinz Hanover
8. *Full Name of Father,* John Theodore Koldewey
9. *Father's Occupation,* Grocery and Liquor
10. *Father's Birthplace,* Gentheim Provinz Hannover

Name of Medical Attendant, or other Person who makes this Return Mrs Münch

Address, 1 Lexington Hall St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

59069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or female)* Weiblich
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* 23 Oktober
4. *Place of Birth, (Street and Number)* 133 Henriette Straße
5. *Full Name of Mother,* Augusta Bachmann
6. *Mother's Maiden Name,* Edbrink
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Heinrich Bachmann
9. *Father's Occupation,* Zuker Bäker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Münch

Address, 1 Leadenhall Straße

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 59070

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color Childe
3. Date of Birth, 23 of octobear
4. Place of Birth, (Street and Number) 131 york street
5. Full Name of Mother, Catharine carey
6. Mother's Maiden Name, Catharine Jarlay
7. Mother's Birthplace, mathawe Cova
8. Full Name of Father, Jaim Jarley
9. Father's Occupation, Oyster Shock
10. [illegible]ather's Birthplace, Octmack contry

Name of Medical Attendant, or other Person who makes this Return Miley Gross

Address, 181 [illegible] ork street +

Remarks, 12 plumalley

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19071

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPT. NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 23 of October
4. *Place of Birth, (Street and Number)* Plum alley 40
5. *Full Name of Mother,* Stephenie dawson
6. *Mother's Maiden Name,* Stephenie Werley
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* John Dawson
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Nelson Gross

Address, 12. Plum Alley

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 23th 82
4. *Place of Birth, (Street and Number)* No 16 Clemen St.
5. *Full Name of Mother,* Mr. Laura Lova
6. *Mother's Maiden Name,* " ~~[illegible]~~ Meyer
7. *Mother's Birthplace,* Preussen
8. *Full Name of Father,* Mr Alvin Lova
9. *Father's Occupation,* Engemir
10. *Father's Birthplace,* Preusen

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Verdu

Address, No 328 S. Eutaw Street.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 17073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 3 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, October 27 1902

4. Place of Birth, (Street and Number) Balt morris Alley No 94

5. Full Name of Mother, Annie Smith

6. Mother's Maiden Name, Reed

7. Mother's Birthplace, St mary Co md

8. Full Name of Father, Christon Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 23rd 1892
4. *Place of Birth, (Street and Number)*	Baltimore St. 280 Bank Street
5. *Full Name of Mother,*	Virginia Francis Funk
6. *Mother's Maiden Name,*	Virginia Francis Jarvis
7. *Mother's Birthplace,*	Matthews County Virginia
8. *Full Name of Father,*	John Wesley Funk
9. *Father's Occupation,*	Mariner Engineer
10. *Father's Birthplace,*	Baltimore County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. McKnowles
Address,	136 South Caroline St
Remarks,	

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 23rd 1882
4. *Place of Birth, (Street and Number)*	1125 Curley Str
5. *Full Name of Mother,*	Catherine Uhl
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Uhl
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Hoff
Address,	236 Caulton Ave
Remarks,	

NOV 2 1882 BALTIMORE

Y PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Over

RETURN OF A BIRTH. 59076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 23-82
4. Place of Birth (Street and Number)	N. E. Cor. Canalton & La Fayette
5. Full Name of Mother	Emma Tate -
6. Mother's Maiden Name	" Hooper -
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Joseph Tate -
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. Md -
Name of Medical Attendant, or other Person who makes this Return.	John T. King M.D.
Address	215 Canalton
Remarks	Full name - William Hooper Tate

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. S9077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* Male 1
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23rd October
4. *Place of Birth (Street and Number)* 134 Hamburg St
5. *Full Name of Mother* Mary L. Eastery
6. *Mother's Maiden Name* Mary L. Metz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thos. J. Eastery
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary L. Eastery

Address 134 Hamburg St

Remarks Living Well

name of the mother of such child or children.

RETURN OF A BIRTH 59078

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 11

1. Sex, (state whether male or ~~female~~)
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, Oct 23, 1882
4. Place of Birth, (Street and Number) Chase 482
5. Full Name of Mother, Lucy E. Alls
6. Mother's Maiden Name, Fowler
7. Mother's Birthplace, Va
8. Full Name of Father, John P. D. Alls
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return MMWhite, M.D.

Address,

Remarks,

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 1909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 23 october

4. Place of Birth, (Street and Number) Stockholm Street 10

5. Full Name of Mother, francis Johnson

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Richmon

8. Full Name of Father, Edward johnson

9. Father's Occupation, single

10. Father's Birthplace, Richmond

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, 1005 St 3068

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

9080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 29 1882
4. *Place of Birth, (Street and Number)* 3 Ostendst
5. *Full Name of Mother,* Mary Fahey McDonough
6. *Mother's Maiden Name,* Mary Fahey
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John McDonough
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return H. W. Webster Jr. M.D.

Address, 57 Barnet

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19051

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Oct 24th 1882
4. *Place of Birth, (Street and Number)*	# 50. Sharp st alley
5. *Full Name of Mother,*	Mary Chapman
6. *Mother's Maiden Name,*	Mary Blake
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Robert Chapman
9. *Father's Occupation,*	Balto Md
10. *Father's Birthplace,*	Oyster Shucker
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	# 50 Forrest st
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

19082

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 24th
4. Place of Birth, (Street and Number)	146. S. Fremont
5. Full Name of Mother,	Augusta DeBeer
6. Mother's Maiden Name,	" Elias
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jacob DeBeer
9. Father's Occupation,	Store Cuper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	A. L. Biddenbohn M.D.
Address,	166. S. Paca st
Remarks,	

...ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

5 7083

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 25 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Oct. 24th 1882
4. *Place of Birth (Street and Number)*	11 Stirling st
5. *Full Name of Mother*	Theresa Barbara Quigley
6. *Mother's Maiden Name*	" " Klupfnagel
7. *Mother's Birthplace*	Balto. md.
8. *Full Name of Father*	William Edwin Quigley
9. *Father's Occupation*	Fireman
10. *Father's Birthplace*	Balto. md.
Name of Medical Attendant, or other Person who makes this return	P. G. Dauschund
Address	3. N. Bway
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 24. 1882.
4. *Place of Birth, (Street and Number)* Eastern Av. No 71.
5. *Full Name of Mother,* Sarah Banis.
6. *Mother's Maiden Name,* Sarah Wiggins
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Joseph Banis
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, No Dallas St. No 26

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59085

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Oct 26th 1882.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 24th 1882
4. Place of Birth, (Street and Number) 135 Bank St
5. Full Name of Mother, Lizzie Reinhardt.
6. Mother's Maiden Name, Lizzie Umbach
7. Mother's Birthplace, America.
8. Full Name of Father, Philipp Reinhardt
9. Father's Occupation, Labour
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, 40

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1882 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, born on the 24th of Oct. 1882
4. Place of Birth, (Street and Number) 931 W. Baltimore St.
5. Full Name of Mother, Fanny Rosenstein
6. Mother's Maiden Name, F. Gismansky
7. Mother's Birthplace, born in Poland Russia
8. Full Name of Father, M. M. Rosenstein
9. Father's Occupation, Tailor
10. Father's Birthplace, born in Poland Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. Miller

Address, 1147 W. Pratt

Remarks.

GUILANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 2 1892 BALTIMORE

[redacted]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, Oct 24 1892

4. Place of Birth, (Street and Number) 135 E. Chapel St

5. Full Name of Mother,

6. Mother's Maiden Name, Annie Mallia Conaway

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

[redacted]

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Lucinda Hoffard

Address, 131 Register St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wieth
3. Date of Birth, October th 24. 1882.
4. Place of Birth, (Street and Number) 20 Hull St. Locust Point Balt
5. Full Name of Mother, Catarena Greve
6. Mother's Maiden Name, Catarena Pelgsberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Greve
9. Father's Occupation, Laberman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No 13 Locust Point

Remarks, Cuba St Baltimore

[illegible] of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

[illegible]ULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 24th

4. Place of Birth, (Street and Number) 57 N Durham St

5. Full Name of Mother Martha L Lubinski

6. Mother's Maiden Name, Engelhardt

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Lubinski

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Martha Lubinski

Address,

Remarks,

"...name of the mother of such child or children."

...TY PRINTING AND STATIONERY

RETURN OF A BIRTH, 19090

e Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1882 BALTIMORE

f Mother, (state whether 1st, 2d, 3d, &c.)	2d
hether male or female)	female
lor, (if not of the white race)	white race
th	october the 24
irth, (Street and Number)	Baltimore light st No 6.49
of Mother	Matildea Housler
iden Name	Matildea Baumgalen
rthplace	Baltimore
f Father	Jacob Housler
cupation	labour
rthpl	Baltimore
dical Attendant, or other Person who makes this Return.	Elisabeth Hathorn
	william st No 394

RETURN OF A BIRTH 19091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex, (state whether male or female)	Female 1882
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	24th October
4. Place of Birth, (Street and Number)	411 Prat st
5. Full Name of Mother,	Annie Roehle
6. Mother's Maiden Name,	" Seydecker
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Roehle
9. Father's Occupation,	Druggist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park Av
Remarks,	

or the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 24 1882
4. *Place of Birth, (Street and Number)*	4 Orleans St
5. *Full Name of Mother,*	Emma Kelly
6. *Mother's Maiden Name,*	Emma Nolan
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Bernard Kelly
9. *Father's Occupation,*	Machinist
Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return.	D. Streett, M.D.
Address,	14 S. N. Exeter St
Remarks,	normal

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

N B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

59093

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth October 24
4. Place of Birth (Street and Number) Baltimore St. peter street No 27
5. Full Name of Mother Mary Whaydle
6. Mother's Maiden Name Mary Warn
7. Mother's Birthplace Baltimore
8. Full Name of Father John Whaydle
9. Father's Occupation Glass Blower
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Shoffer

Address 114 Ridgley St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 59094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 24
4. *Place of Birth, (Street and Number)* Baltimore No 105 Randal St
5. *Full Name of Mother,* Josephine Burgess
6. *Mother's Maiden Name,* Josephine Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Burgess
9. *Father's Occupation,* Glass cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. Schaffer

Address, 114 Ridgely St

Remarks,

...Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 5909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 24th 1882
4. *Place of Birth, (Street and Number)*	544 Washington St
5. *Full Name of Mother,*	Mary A Sauerwein
6. *Mother's Maiden Name,*	" " Gebhart
7. *Mother's Birthplace,*	Brandywine Delaware
8. *Full Name of Father,*	Geo P Sauerwein
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Regina A. Winter
Address,	186 Harford Ave
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19096

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 30 1882
BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 24th 1882
4. Place of Birth (Street and Number)	2 N. Schroeder St
5. Full Name of Mother	Elizabeth J. Allen
6. Mother's Maiden Name	E. J. Griffith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Laurence W. Allen
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips
Address	327 W Lombard
Remarks	

RETURN OF A BIRTH 59097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 24th 1882
4. Place of Birth, (Street and Number) No 301 Harford Ave
5. Full Name of Mother Caroline Bittinger
6. Mother's Maiden Name, Hauser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Bittinger
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55. S Bond st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19098

HEALTH DEPARTMENT
OCT 30 1982
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 24, 1882
4. *Place of Birth, (Street and Number)* 755 Madison Ave
5. *Full Name of Mother,* Agatha Hausmann
6. *Mother's Maiden Name,* " Hazenmyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. Anthony Hausmann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return U.S. Dr Morgan

Address, 119 W Monument St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

GUILANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
CITY
FILED
BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* Oct 24 1882
4. *Place of Birth,* (Street and Number) 2 N B Huffman ave
5. *Full Name of Mother,* Mary Sennert
6. *Mother's Maiden Name,* Mary Dalmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Sennert
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Wm A Hammond

Address, 545 Pennsylvania

Remarks,

...

...

...

RETURN OF A BIRTH

59100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

1. *of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 5te
1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Okt. 24. 82.
4. *Place of Birth, (Street and Number)* Cemiter Alles 13
5. *Full Name of Mother,* Emma Fritsch
6. *Mother's Maiden Name,* Eisenyat
7. *Mother's Birthplace,* Sachsen
8. *Full Name of Father,* Franz Fritsch
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace.* Oestreich

Name of Medical Attendant, or other Person who makes this Return Mrs J. Baubach

Address, S. Wolf 14

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 24th
4. Place of Birth, (Street and Number) Cross str. No 269.
5. Full Name of Mother, Anna Peters
6. Mother's Maiden Name, Kleye
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Claus Peters
9. Father's Occupation, Teaching school
10. Father's Birthplace, Windbergen, Germany.

Name of Medical Attendant, or other Person who makes this Return Raff Münch

Address, 1 Leadenhall St

Remarks,

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th " October,
4. Place of Birth, (Street and Number) 380 Saratoga St.
5. Full Name of Mother, Caroline Bohn,
6. Mother's Maiden Name, " " Heinzerling,
7. Mother's Birthplace, Germany
8. Full Name of Father, August Bohn
9. Father's Occupation, Grocery and Provision dealer,
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Münch

Address, No 1. Leadenhall st Baltimore Md.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 59103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	24th of October
4. *Place of Birth, (Street and Number)*	Lancaster Ville attended
5. *Full Name of Mother*	Eliza Walker
6. *Mother's Maiden Name*	Eliza Compton
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joshua Walker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Dorchester Co. Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anna Compton
Address	No 9 Union Alley West Baltimore
Remarks	

Name of the Mother of such child or children.

RETURN OF A BIRTH

59104

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Tuesday Octo 24th. 1882
4. Place of Birth, (Street and Number)	61 Stirling St.
5. Full Name of Mother,	Emma Kimball.
6. Mother's Maiden Name,	Emma Doremus
7. Mother's Birthplace,	Patterson. N. J.
8. Full Name of Father,	Silas W. Kimball.
9. Father's Occupation,	G Jmnast.
10. Father's Birthplace,	Broom Co. N. J.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinlow. M.D.
Address,	25 1/2 Greenmount ave
Remarks,	Vert Ex Presentation

...of the parents, and the maiden name of the mother of such child or children.

...ITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 9105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 the Child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 24th 1882
4. Place of Birth, (Street and Number)	No 220 Scott St.
5. Full Name of Mother,	Maria Schmeck
6. Mother's Maiden Name,	Leutner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Schmeck
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Maria Knoll
Address,	No 328 S. Eutaw Street
Remarks,	

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59106

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	October 24th
4. *Place of Birth (Street and Number)*	152 Hughes St
5. *Full Name of Mother*	Mary Whalen
6. *Mother's Maiden Name*	" O'Connor
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Thos. Whalen
9. *Father's Occupation*	fireman
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	J. C. Burch M.D.
Address	151 Hanover St
Remarks	

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1907

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	25 October 1902
4. Place of Birth, (Street and Number)	S. Sharp St 204
5. Full Name of Mother,	Laura Weissenborn
6. Mother's Maiden Name,	Laura Sprengel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Paul Weissenborn
9. Father's Occupation,	Diamondcutter
10. Father's Birthplace,	Berlin Prussia
Name of Medical Attendant, or other Person who makes this Return	S. F. Reinhard
Address,	120 West Fayette Street
Remarks,	

ULANY & CO., CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 8 1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 25, 1882
4. *Place of Birth (Street and Number)* Nr. 546 Harford ave.
5. *Full Name of Mother* Bertha Nixon
6. *Mother's Maiden Name* Bertha Langguth
7. *Mother's Birthplace* Germany
8. *Full Name of Father* James Nixon
9. *Father's Occupation* Street-Car Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rue L. Elwell, M. D.

Address 548 Harford ave

Remarks

RETURN OF A BIRTH, 59109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth (5th)
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Oct. 25/82.
4. *Place of Birth, (Street and Number)*	182 W. Mosher St.
5. *Full Name of Mother*	Ida Seabell
6. *Mother's Maiden Name*	Brashears
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	John O. Seabell.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	H. R. Wettinhoff M. D.
Address	205 W. Biddle St.
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH 9110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* oct 25
4. *Place of Birth, (Street and Number)* 32 short st
5. *Full Name of Mother.* charlattia anderson
6. *Mother's Maiden Name.* Charlattia johnson
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father.* john anderson
9. *Father's Occupation,* laborer
10. *Father's Birthplace.* Baltimore md

Name of Medical Attendant, or other Person who makes this Return mrs lear johnson

Address, no 31 short st

Remarks, very delicate child

To the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 25th 1882
4. *Place of Birth, (Street and Number)*	No 36 Burke St
5. *Full Name of Mother,*	Mrs Christiana Rectenwald
6. *Mother's Maiden Name,*	Miss Christiana
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Mr Rudolph Rectenwald
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 60 Burke St
Remarks,	Child's name not known

OCT 25 1882

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25th
4. Place of Birth, (Street and Number) No. 77 Eastern ave.
5. Full Name of Mother, Maggie Norton
6. Mother's Maiden Name, ~~Schüssler~~ Schüssler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mike Norton
9. Father's Occupation, Can maker
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No. 70 Gravelyst

Remarks,

ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

9113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 30
1902
BALTIMORE

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4th.
1. *Sex* (*state whether male or female*)	Male
2. *Race or Color* (*if not of the white race*)	Colored
3. *Date of Birth*	Oct. 25th
4. *Place of Birth* (*Street and Number*)	no 240 Durham st
5. *Full Name of Mother*	Carrie M. Willis
6. *Mother's Maiden Name*	" " Rochester
7. *Mother's Birthplace*	Frederick Co
8. *Full Name of Father*	Chas W. Willis
9. *Father's Occupation*	Oyster Shucker
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	City Physician
Address	25 Gist St
Remarks	

GIVEN HOME ADDED 10-2-82

RETURN OF A BIRTH.

S 9114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

Leocadie Lucy Lang

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 25th 1882
4. Place of Birth (Street and Number)	No. 164 Saratoga St
5. Full Name of Mother	Mrs. Brigette Lang
6. Mother's Maiden Name	Gabriel
7. Mother's Birthplace	France.
8. Full Name of Father	Jerome Lang
9. Father's Occupation	Upholsterer
10. Father's Birthplace	France-
Name of Medical Attendant, or other Person who makes this Return.	Wm W. Murray M.D.
Address	308 W. Fayette St.
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

S 9115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: William D. Sachs

HEALTH DEPARTMENT
OCT 30 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 25th 1892
4. Place of Birth, (Street and Number) Lizzie Sachs
5. Full Name of Mother Mrs Lizzie D Sachs
6. Mother's Maiden Name, Lizzie Young
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Theodore Sachs
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Lizzie Sachs

Address, No 55 S. Bond st

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 25 th 1882
4. Place of Birth, (Street and Number)	No 15 Bevon st
5. Full Name of Mother,	Janete Koenig
6. Mother's Maiden Name,	Meyer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Simon J Koenig
9. Father's Occupation,	Storekeeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Johnson midwife
Address,	330 Hanover st
Remarks,	

OCT 31 1882

PRINTERS AND STATIONERS

RETURN OF A BIRTH

5911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 25. 82.
4. Place of Birth, (Street and Number) S. Register No 48
5. Full Name of Mother, Maria Ulbrich
6. Mother's Maiden Name, Jauer
7. Mother's Birthplace, Balt.
8. Full Name of Father, Georg Ulbrich
9. Father's Occupation, Painter
10. Father's Birthplace. Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. J. Rombach

Address, S. Wolf 14

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 17118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 25 1882
4. *Place of Birth, (Street and Number)*	223 Hudson Street
5. *Full Name of Mother,*	Maggie Rogers
6. *Mother's Maiden Name,*	Maggie Allen
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Marcellus Rogers
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ellicott city
Name of Medical Attendant, or other Person who makes this Return.	Sarah Sullens
Address,	104 Burley Street
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

59119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.) 8 6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Okt. 25. 82.
4. Place of Birth, (Street and Number) S. Mathias Alle. 138
5. Full Name of Mother, Josepha Weidhan
6. Mother's Maiden Name, Isop
7. Mother's Birthplace, Bavaria
8. Full Name of Father, August Weidhan
9. Father's Occupation, Kabinetmaker
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs. F. Raubach

Address, S. Wolf 14

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

59120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 25. 82.
4. *Place of Birth, (Street and Number)* S. Warschington 18
5. *Full Name of Mother,* Eva Meier
6. *Mother's Maiden Name,* Nagelgast
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Bernhardt Meier
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Wm J. Baubach

Address, S Wolf 14

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Female
2. Race or ~~Color~~, (if not of the white race)	
3. Date of Birth,	25 October
4. Place of Birth, (Street and Number)	160 Market Space
5. Full Name of Mother,	Catherine Kollner
6. Mother's Maiden Name,	Strubala
7. Mother's Birthplace,	Austria
8. Full Name of Father,	Henry Kollner
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other Person who makes this Return	Sarah Carper
Address,	72 E. Lombard street
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

59122

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th of October
4. *Place of Birth, (Street and Number)* No 79 Harrison st
5. *Full Name of Mother,* Sophia Joachheim
6. *Mother's Maiden Name,* Bartels
7. *Mother's Birthplace,* Boston
8. *Full Name of Father,* Adolph Joachheim
9. *Father's Occupation,* Box maker
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Larbre Reis 3. Gebauer

Address, No 28. X Sverigtgrie L. N.

Remarks, Fine healthy child

...ors, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1912-3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 4 1912

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 20th 1912
4. *Place of Birth, (Street and Number)* Welcome alley, 5 & 8
5. *Full Name of Mother,* Sarah Jane Johnson,
6. *Mother's Maiden Name,* Sarah Jane Kennedy
7. *Mother's Birthplace,* Dorchester Co. Md.
8. *Full Name of Father,* William Johnson,
9. *Father's Occupation,* Driver of coal cart
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Sarah A. Jones,

Address, 15 Bogaway St.

Remarks, The child is healthy.

B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2nd

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* October 25th 1882
4. *Place of Birth,* (*Street and Number*) ~~[illegible]~~ Albemarle st.
5. *Full Name of Mother,* Dinny Ruffkin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolff Ruffkin
9. *Father's Occupation,* Albemarle
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E. Lombard st.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

59125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born Ex 25 Octo
4. Place of Birth, (Street and Number) 127 N. Fremont St
5. Full Name of Mother, Mary Haus
6. Mother's Maiden Name, Mary Hucht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joh Haus
9. Father's Occupation, Shoe macker
10. Father's Birthplace, Baiern City Altman

Name of Medical Attendant, or other Person who makes this Return Mrs Dumler

Address, No. 60 N Shroder St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 19126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 5 1892 BALTIMORE

condition, whether still born or not, the full name, sex, and color of the child or children born, its or their physical name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 26th 1892
4. *Place of Birth, (Street and Number)* 82 E Fremont St
5. *Full Name of Mother* Catharine Hilen Heinz
6. *Mother's Maiden Name* Bitzer
7. *Mother's Birthplace* Canada
8. *Full Name of Father* Wm H Heinz
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. J H Cleary

Address 76 E Pleasant St

Remarks

RETURN OF A BIRTH 59127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1882
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Oct. 26th, 1882
4. Place of Birth, (Street and Number) Greenmount Av. near North Av.
5. Full Name of Mother, Elizabeth E. Rest
6. Mother's Maiden Name, " " Gutmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph. H. Rest
9. Father's Occupation, Cigar maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return A. F. Erich M. D.

Address, 95 Park Ave.

Remarks,

...of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth, Oct 26. 1882
4. Place of Birth, (Street and Number) 303 myrtle ave
5. Full Name of Mother, Mary E McGrevey
6. Mother's Maiden Name, " " Frailey
7. Mother's Birthplace, Md.
8. Full Name of Father, A. H. R. McGrevey
9. Father's Occupation, agt. for Ame. S. M. Co
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return G Lane Tanneyhill

Address, 129 So Riddle St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

59129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th and 8th Twins

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 26th
4. Place of Birth, (Street and Number) 466. Fort Av.
5. Full Name of Mother, Paulina Lang
6. Mother's Maiden Name, " Mertens
7. Mother's Birthplace, Germany
8. Full Name of Father, Franz Lang
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Baddenbohn M.D.

Address, 166. S. Pacast.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59130

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 27 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 26 th
4. *Place of Birth, (Street and Number)* Baltimore Orleans St 378
5. *Full Name of Mother,* Mealy Gittings
6. *Mother's Maiden Name,* Heiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm G Gittings
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Haywood

Address, 396 Orleans St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 59131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 28 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Oct 26th 1882
4. *Place of Birth, (Street and Number)*	7 Aisquith st
5. *Full Name of Mother*	Elena King
6. *Mother's Maiden Name*	" Bruen
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Wm J King Jr
9. *Father's Occupation*	Printer
Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	2 W Baltimore
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH. 19132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 26th 1882
4. Place of Birth (Street and Number)	No 9 Patapsco Ave
5. Full Name of Mother	Elizabeth Hartmann
6. Mother's Maiden Name	Miss Daues
7. Mother's Birthplace	Hesse Germany
8. Full Name of Father	George Hartmann
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany Hesse darmstatt
Name of Medical Attendant, or other Person who makes this Return.	E. Hinton
Address	No 23 Patapsco Ave
Remarks	

RETURN OF A BIRTH 91313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26 1882
4. Place of Birth, (Street and Number) Abys Aly No 26
5. Full Name of Mother, Margret Harison
6. Mother's Maiden Name, Margret Hanegan
7. Mother's Birthplace, Baltis Maine
8. Full Name of Father, William Harison
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Abys st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59134

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 26th 1882
4. *Place of Birth, (Street and Number)*	# 86 Grindall st.
5. *Full Name of Mother,*	Mary C. Winter
6. *Mother's Maiden Name,*	Mary C. Aymold
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick C. Winter
9. *Father's Occupation,*	Processor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Cottrell
Address,	# 324 Light st.
Remarks,	

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1882
BALTIMORE

[redacted]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white.

3. Date of Birth, Oct. 26. 1882

4. Place of Birth, (Street and Number) 168 Johnson St. Balt. Md.

5. Full Name of Mother, Mr. Eliza Roberts

6. Mother's Maiden Name, Mr. Eliza Mills

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Roberts

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash.

Address, 107 Johnson St. Baltimore Md.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 26th 1882
4. Place of Birth, (Street and Number) 497 Eastern Ave
5. Full Name of Mother, Louisa Emory
6. Mother's Maiden Name, " Overdeck
7. Mother's Birthplace, Germany
8. Full Name of Father, William Emory
9. Father's Occupation, Laborer
10. [illegible]ather's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Getz

Address, 120 Bank St

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 26th 1882
4. *Place of Birth, (Street and Number)*	No. 522 Canton O.
5. *Full Name of Mother,*	Mrs Lena Baker
6. *Mother's Maiden Name,*	Miss Lena Hors
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Godfrey Baker
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No. 65 Burke St
Remarks,	Child's name John Godfrey

PRINTERS AND STATIONERS

RETURN OF A BIRTH 57138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of Octobe 1882
4. Place of Birth, (Street and Number) 24 Dillon Street
5. Full Name of Mother, Adline Heller
6. Mother's Maiden Name, Adline Parker.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry W Heller
9. Father's Occupation, Peddler
10. [redacted]ather's Birthplace, Baltimo

Name of Medical Attendant, or other Person who makes this Return Mrs Wilson

Address, No 12 Patterson Park Av

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26 Oct 1882
4. Place of Birth, (Street and Number)	Highland town B. County
5. Full Name of Mother,	Mary Michall
6. Mother's Maiden Name,	Mary Miller
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	William Michall
9. Father's Occupation,	Barber
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park Av
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26th of October 1882.
4. Place of Birth, (Street and Number)	64 North Chappel Street
5. Full Name of Mother,	Hanna Zebra
6. Mother's Maiden Name,	Hanna Steigerwald
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Kuhn Steigerwald
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Crescintia Kunkel
Address,	77 North Chappel Street per Justina Kunkel
Remarks,	Healthy,

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

9141

HEALTH DEPARTMENT OCT 30 1892 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)

Whether Male or Female)

Color (if not of the white race)

Birth it was born on the 26 of october her first

Birth (Street and Number) Mary Lowweazer born she was born in Virginia

Age of Mother her occupation washing and ironing on eastern Shore Accomack county

Maiden Name

Birthplace

Age of Father Awther harried occupation Waiter he was born

Occupation richmond Va

Birthplace

Medical Attendant, or other Person who makes this Return. Lucy Connish 15 Forden Alley

John Alley c No 6 9

RETURN OF A BIRTH 59142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

[N]o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Octr. 26th 1882.
4. Place of Birth, (Street and Number)	430 Penna. Ave.
5. Full Name of Mother,	Mary C. Swann
6. Mother's Maiden Name,	Smith
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	James M. Swann
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	J. B. Christian M.D.
Address,	431 Penna. Ave.
Remarks,	

Of the Parents, and the Maiden name of the Mother of such Child or Children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
30
1882
BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 26 1882
4. Place of Birth, (Street and Number)	213 Fremont St
5. Full Name of Mother,	Lena Jules
6. Mother's Maiden Name,	Neuberger
7. Mother's Birthplace,	United States,
8. Full Name of Father,	Charles Jules
9. Father's Occupation,	Merchant
10. Father's Birthplace,	France
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald
Address,	88 N Eutaw St
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 Oct.
4. Place of Birth, (Street and Number) 333 North street
5. Full Name of Mother, Frederick a Bean
6. Mother's Maiden Name, " Dengas
7. Mother's Birthplace, Australia
8. Full Name of Father, Henry Bean
9. Father's Occupation, Basket maker
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland st

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 26. 82.
4. Place of Birth, (Street and Number) Fulton str 546
5. Full Name of Mother. Agnes Schramm
6. Mother's Maiden Name, Erhardt
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Johan Schramm
9. Father's Occupation, Lebner
10. Father's Birthplace. Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm F. Bornbach

Address, W. Wolf 14

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57146

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female
2. Race or ~~Color~~, (if not of the white race)	
3. Date of Birth,	26 October, ~~10 Lombard street~~
4. Place of Birth, (Street and Number)	10 Lombard street
5. Full Name of Mother,	Catherine Grogin
6. Mother's Maiden Name,	Cain
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Peter Grogin
9. Father's Occupation,	Furniture
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Sarah Tapper
Address,	72 E. Lombard street
Remarks,	

NOV 2 1882

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of October
4. Place of Birth, (Street and Number) Baltimore 62 Woodyear street
5. Full Name of Mother, Kate Keil
6. Mother's Maiden Name, Kate Mueller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Keil
9. Father's Occupation, Hörsler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Ralf Münch

Address, 1 Leadenhall st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 26th 1882
4. Place of Birth, (Street and Number) Baltimore Parkin St No. 48
5. Full Name of Mother, Mary Taylor
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Taylor
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 38 Parkin St.

Remarks,

HEALTH DEPARTMENT NOV 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 87149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	October 26th 1882
4. *Place of Birth, (Street and Number)*	8 Potomac Street
5. *Full Name of Mother,*	Barbara Deigan
6. *Mother's Maiden Name,*	Barbara Sanders
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Michael Deigan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Gullens
Address,	104 Burley Street
Remarks,	

T. PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 5915

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Oct 26 1882

4. *Place of Birth, (Street and Number)* 309 Orleans St.

5. *Full Name of Mother,* Alice A. Hanson

6. *Mother's Maiden Name,* Hanson

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Wm H. Hanson

9. *Father's Occupation,* Cane Worker

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Harry Stein

Address, 151 E Fall St.

Remarks,

NOV 3 1882

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) Sohn

1. Sex, (state whether male or female) Bog,
2. Race or Color, (if not of the white race) Weiß,
3. Date of Birth, 26 October,
4. Place of Birth, (Street and Number) 216 Juda Straße
5. Full Name of Mother, Anna Martha Fischer,
6. Mother's Maiden Name, " " " Keiße
7. Mother's Birthplace, Deutschland Preußen,
8. Full Name of Father, Conrad Fischer,
9. Father's Occupation, Taglöhner.
10. Father's Birthplace, Deutschland, Wellingerode

Name of Medical Attendant, or other Person who makes this Return Kath. Münch

Address, 1 Leadenhall St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 26, 1882
4. Place of Birth, (Street and Number)	745 W. Pratt st.
5. Full Name of Mother,	Maggie T. Purdy
6. Mother's Maiden Name,	Whiteside
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. R. Purdy
9. Father's Occupation,	Railroad Conductor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	John Goodell
Address,	322 Hollins st.
Remarks,	Fine boy

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 26th
4. *Place of Birth, (Street and Number)* 107 S Poppleton
5. *Full Name of Mother,* Emma Virginia Yost
6. *Mother's Maiden Name,* Emma Virginia Gearhart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Yost
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Dunler

Address, No. 60 Schroeder St.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Margaret Henrietta Howe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct. 26th 1882

4. Place of Birth, (Street and Number) 556 W. Lombard St.

5. Full Name of Mother, Mary Elizabeth Howe

6. Mother's Maiden Name, " Kraez

7. Mother's Birthplace, Carroll County

8. Full Name of Father, Christian Friedrich Howe

9. Father's Occupation, Pipe Fitter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. [illegible]

Address, 460 N. Schroeder St.

Remarks, GIVEN FALSE AGE 3-26-53

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH

57155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* October 26th 1882

4. *Place of Birth, (Street and Number)* 70 Harrison st.

5. *Full Name of Mother,* Rebecca Silverman

6. *Mother's Maiden Name,* " Bachman

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* H. Silverman

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. E. Bernstein

Address, 1136 Lombard st.

Remarks,

KIERNAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	October 26 1902
4. *Place of Birth (Street and Number)*	William Jones St.
5. *Full Name of Mother*	Jane Robbins
6. *Mother's Maiden Name*	" Lee
7. *Mother's Birthplace*	City
8. *Full Name of Father*	William Robbins
9. *Father's Occupation*	Saloon Keeper
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	J C Burch M.D.
Address	15 Hanover St
Remarks	

RETURN OF A BIRTH 59157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE DEPARTMENT
NOV 4 1882
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 27, 1882.
4. Place of Birth, (Street and Number) 163 N. Gilmor St.
5. Full Name of Mother, Emma L. Cox,
6. Mother's Maiden Name, " " Bruehl,
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Chas Owings Cox.
9. Father's Occupation, Banker
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return A. F. Erich M. D.

Address, 95 Park Ave.

Remarks,

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59158

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	27 October 1882
4. Place of Birth, (Street and Number)	W. Biddle 137
5. Full Name of Mother,	Dora ~~Brady~~ Smith
6. Mother's Maiden Name,	Dora Brady
7. Mother's Birthplace,	Baltimore
8. Full Name of Father.	Joseph P. Smith
9. Father's Occupation,	Solder maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr. T. Reinhard
Address,	224 W. Fayette Street
Remarks,	

ULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59159

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 27th 1882
4. *Place of Birth (Street and Number)* 177 Stirling St.
5. *Full Name of Mother* Ella Noakes
6. *Mother's Maiden Name* " Britton
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James Noakes
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. E. B. Lanty

Address Cor. Eden & Biddle Sts.

Remarks

RETURN OF A BIRTH 9160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 27, 1882
4. Place of Birth, (Street and Number)	No. 1. N. Exeter St.
5. Full Name of Mother,	Annie Kehoe
6. Mother's Maiden Name,	Annie Maloney
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Michael Kehoe
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Flora A Brewster M. D.
Address,	255 N. Eutaw St. Baltimore
Remarks,	Child in good physical condition

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourt
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 27th 1882
4. Place of Birth, (Street and Number)	No 12. Ensor St
5. Full Name of Mother,	Barbara Hoffman
6. Mother's Maiden Name,	" Fleishman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Nicolaus Fleishman
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59162

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 27th 1882
4. *Place of Birth (Street and Number)* 253. S. Bond
5. *Full Name of Mother* Mary Jane Snyder
6. *Mother's Maiden Name* " " Hines
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Richard B. Snyder
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. O. Dohmer M.D.

Address 86. E. Fayette St

Remarks

...ndition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 27th 1882
4. *Place of Birth, (Street and Number)* 241 Warren Ave
5. *Full Name of Mother,* Laura D. Batchelor.
6. *Mother's Maiden Name,* Laura D. Bitters.
7. *Mother's Birthplace,* New Jersey.
8. *Full Name of Father,* Martin Batchelor.
9. *Father's Occupation,* Roofer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Cottrell

Address, # 324 Light St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

..... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th October

4. Place of Birth, (Street and Number) No 7 Cuba St Second Point

5. Full Name of Mother, Mrs Ida White

6. Mother's Maiden Name, Ida White

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Sam White

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Edel

Address, No 13 Cuba Street

Remarks, Second Point Baltimore

OCT 29 1882

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1882 BALTIMORE

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d Child
1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 27th 1882
4. *Place of Birth, (Street and Number)* 76 Beason Str. Locust Point Balt.
5. *Full Name of Mother,* Frances Neubeck
6. *Mother's Maiden Name,* Zeilman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Philipp Neubeck
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No. 13. Cuba Street

Remarks, Locust Point Baltimore

of the parents, and the maiden name of the mother of such child or children.

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 27th 1882
4. *Place of Birth, (Street and Number)* 132 S. Spring st
5. *Full Name of Mother.* Maggerette Heun
6. *Mother's Maiden Name.* " Hutzler
7. *Mother's Birthplace.* City
8. *Full Name of Father.* Lenard Heun
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Belz

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59167

HEALTH DEPARTMENT
NOV
1882
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	October 27th 1882.
4. Place of Birth (Street and Number)	387 Lexington St
5. Full Name of Mother	Mary Emma Auld.
6. Mother's Maiden Name	Mary Emma Shields.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	Edward Auld.
9. Father's Occupation	Salesman.
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Chas Pennington MD.
Address	134 N Carrollton Ave
Remarks	

RETURN OF A BIRTH 59168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 27th 1886
4. Place of Birth, (Street and Number)	No 104 Collington Ave.
5. Full Name of Mother,	Mrs. Ellen King.
6. Mother's Maiden Name,	Ellen Stonerider
7. Mother's Birthplace,	Hagrs de Grace Harford Co Md
8. Full Name of Father,	John King
9. Father's Occupation,	Contractor in Carpets
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park Ave
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 27th

4. Place of Birth, (Street and Number) No 130 South Eden st

5. Full Name of Mother, Mary Senard

6. Mother's Maiden Name, " Weber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. L. Senard

9. Father's Occupation, Market business

1[illegible] Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Grimes

Address, No 70 Grand st

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

59170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color ~~(if not of the white race)~~* Colored
3. *Date of Birth* 10.27.82.
4. *Place of Birth (Street and Number)* 48 Saratoga
5. *Full Name of Mother* Emily Cornelia Brown
6. *Mother's Maiden Name* Butler
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Chas. Wm Brown
9. *Father's Occupation* Barber
10. *Father's Birthplace* Frederick city - Md

Name of Medical Attendant, or other Person who makes this Return. L M Eastman

Address 349 Lord

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

S 9171

HEALTH DEPARTMENT, OCT 30 1882 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh child (7th female child)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Whit-
3. *Date of Birth* Oct 24th - 1882
4. *Place of Birth (Street and Number)* 194 Charles st. south
5. *Full Name of Mother* Emma Roth
6. *Mother's Maiden Name* Emma Stesel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Johann William Roth
9. *Father's Occupation* Glass-cutter
10. *Father's Birthplace* ~~Germany~~ Germany -

Name of Medical Attendant, or other Person who makes this Return. W. C. Sandrock M.D.

Address 227 Hanover st.

Remarks

RETURN OF A BIRTH.

9172

HEALTH DEPARTMENT
OCT 30 1882
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	F.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 27. 1882.
4. Place of Birth (Street and Number)	112 Mosher st
5. Full Name of Mother	Selina C. Stedman,
6. Mother's Maiden Name	Crook,
7. Mother's Birthplace	Bristol, England,
8. Full Name of Father	John T. Stedman,
9. Father's Occupation	Wire Goods Manf.
10. Father's Birthplace	Clifton, England
Name of Medical Attendant, or other Person who makes this Return.	J. L. Ingle M.D.
Address	247 Lanvale st
Remarks	

RETURN OF A BIRTH 19173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 27 Oct

4. *Place of Birth, (Street and Number)* 12 Fayette st

5. *Full Name of Mother,* Matilda Mann

6. *Mother's Maiden Name,* Makulas

7. *Mother's Birthplace,* Prussia

8. *Full Name of Father,* Gustav Mann

9. *Father's Occupation,* Corn Cutter

10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allig

Address, 48 Holland st

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

19174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1892

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & 7

1. Sex, (state whether male or female) Female and Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, born on the 29th of Oct. 92

4. Place of Birth, (Street and Number) 4 Dorcest St.

5. Full Name of Mother, Kate Kessler

6. Mother's Maiden Name, Kate Frantz

7. Mother's Birthplace, born in Balto. City

8. Full Name of Father, John Kessler

9. Father's Occupation, Waiter

10. [redacted]ather's Birthplace, born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Hillen

Address, 1619 W. Pratt St.

Remarks,

ANY'S CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* Oct 27th. 8:45 a.m.
4. *Place of Birth, (Street and Number)* No. 109 Conway St.
5. *Full Name of Mother,* Elizabeth Smith,
6. *Mother's Maiden Name,* Lighthauser
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* Philip Smith,
9. *Father's Occupation,* Baker,
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, N. E. Cor. Columbia Ave. & Fremont St.

Remarks, Child in good physical condition &c.

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59176

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1932 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 27th 1882
4. *Place of Birth, (Street and Number)*	Baltimore Woodward St. N. 29
5. *Full Name of Mother,*	Mary Gilbert
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Gilbert
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 38 Parkin St.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 October
4. Place of Birth, (Street and Number) 16 & warner St
5. Full Name of Mother. Katie F Schmitt
6. Mother's Maiden Name, Katie F Winkler
7. Mother's Birthplace, Bollen Green Kentuckey
8. Full Name of Father, John H Schmitt
9. Father's Occupation, Draymen
10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Angeline Wilson

Address, 165 Cross St

Remarks, the Baby died with Spasms Six days Old on the 1st of November

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1-1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 27th. 1882.
4. Place of Birth, (Street and Number)	No 1147 Stirling St.
5. Full Name of Mother,	Annie Newshafer
6. Mother's Maiden Name,	Annie Weller
7. Mother's Birthplace,	Baltimor
8. Full Name of Father,	John Newshafer
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Bath.
Address,	No 185 S.E. cor Central av. & Monument St
Remarks,	All Well.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Oct 27th 1882
4. *Place of Birth (Street and Number)*	76 Dolphin
5. *Full Name of Mother*	Mary Jane Colley
6. *Mother's Maiden Name*	J J Wilcox Gibson
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Richard Mc Colley
9. *Father's Occupation*	Black Smith
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Ave
Remarks	

RETURN OF A BIRTH 87150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 27th 1882

4. Place of Birth, (Street and Number) Forrest st.

5. Full Name of Mother, Hannah Levy

6. Mother's Maiden Name, " Sakolsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Levy

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E. Lombard st.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

J. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57181

HEALTH DEPARTMENT
NOV 4 1882
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* Oct 27, 1882
4. *Place of Birth, (Street and Number)* Chase & Wolfe S. Th. Cor
5. *Full Name of Mother,* Helen Dinnis
6. *Mother's Maiden Name,* " Carter
7. *Mother's Birthplace,* England
8. *Full Name of Father,* W. J. Dinnis
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace.* England

Name of Medical Attendant, or other Person who makes this Return — W. W. White MD

Address, 347 N Broadway

Remarks,

...TY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV. 6 1882 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 28 th

4. Place of Birth, (Street and Number) 59 Lemmon

5. Full Name of Mother, Bridgete Mc Sweeney

6. Mother's Maiden Name, Bridget Shanks

7. Mother's Birthplace, South of Ireland

8. Full Name of Father, Michael Mc Sweeney

9. Father's Occupation, Labor B & O Railroad

10. [redacted]ather's Birthplace, South of Ireland

Name of Medical Attendant, or other Person who makes this Return M J Lemmon

Address, 435 W Mc Henry st

Remarks, Fine healthy child

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5918[illegible]3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1882
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 28th 1882
4. *Place of Birth, (Street and Number)* 238 Aisquith
5. *Full Name of Mother,* Almeda Stewart
6. *Mother's Maiden Name,* Almeda Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William George Stewart
9. *Father's Occupation,* Brakesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address, 124 n Exeter st

Remarks,

IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 59184

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 26th 1882
4. *Place of Birth* (Street and Number)	138 Hollins St
5. *Full Name of Mother*	Mary Elizabeth Strott
6. *Mother's Maiden Name*	" " Rens
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	John Charles Strott
9. *Father's Occupation*	Merchant Tailor
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Jas. E. Gibbons M.D.
Address	47 Edmondson ave
Remarks	

NOV 18 1882

RETURN OF A BIRTH

59185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 28th
4. Place of Birth, (Street and Number) 80 S. Caroline st
5. Full Name of Mother, Nettie New
6. Mother's Maiden Name, " Dinger
7. Mother's Birthplace, Philadelphia Pen
8. Full Name of Father, Chas New
9. Father's Occupation, Store Cooper
10. [illegible]ather's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbohn M.D.

Address, 166 S. Paca st

Remarks,

[illegible] Parents, and the maiden name of the mother of such child or children.

[illegible]ULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59186

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colord
3. Date of Birth, oct 28th 1882
4. Place of Birth, (Street and Number) No 62 Elbow lane
5. Full Name of Mother, Lucy Dunger
6. Mother's Maiden Name, Lucy Down
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Dunger
9. Father's Occupation, Music teacher
10. [illegible]ather's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Ann Darsey

Address. 53 Perry street

Remarks. five dollars

[illegible]LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 28th 1882
4. *Place of Birth, (Street and Number)* 87 Larvale st
5. *Full Name of Mother,* Nannie Meyer
6. *Mother's Maiden Name,* Nannie Gail
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F. Meyer
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 121 W. Monument st

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixteenth / 16
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 28th 1882
4. Place of Birth, (Street and Number)	No 7. N. Wolf Ste
5. Full Name of Mother,	Maria Smith
6. Mother's Maiden Name,	" Schilben
7. Mother's Birthplace,	Wittenberg Germany
8. Full Name of Father,	Leonard Smith
9. Father's Occupation,	Labor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No - 120 Barnes Ste
Remarks,	

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 31 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male,
2. Race or Color, (if not of the white race)	White,
3. Date of Birth,	October 28th 1882
4. Place of Birth, (Street and Number)	22 Conway St
5. Full Name of Mother,	Laura Schenkel
6. Mother's Maiden Name,	Laura Rister
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Thomas Schenkel
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook MD
Address,	146 S Lanvale
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st
1. Sex. (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	October 28th 1882
4. Place of Birth, (Street and Number)	No 17 E. Wolf str
5. Full Name of Mother.	Catherine Gebhart
6. Mother's Maiden Name.	" Haber
7. Mother's Birthplace,	Germany
8. Full Name of Father.	Dolus Gebhart
9. Father's Occupation,	Cutler
10. Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return	Mrs Elizabeth Bolz
Address,	102 Bank str
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 28th 1882
4. Place of Birth (Street and Number)	No. 34 S. Calhoun St.
5. Full Name of Mother	Mrs. Mary Rebecca Bunce
6. Mother's Maiden Name	Deal
7. Mother's Birthplace	Baltimore -
8. Full Name of Father	David Bunce
9. Father's Occupation	Coach trimmer at Mc. Clure
10. Father's Birthplace	Baltimore -
Name of Medical Attendant, or other Person who makes this Return.	Wm. W. Murray M. D
Address	308 W. Fayette St.
Remarks	

RETURN OF A BIRTH.

19192

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1892 BALTIMORE

...other (state whether 1st, 2d, 3d, &c)	9th
...r Male or Female)	Male
...if not of the white race)	Colored
	28 of October.
...Street and Number)	Hanson Lane
...other	Caroline Mac
...Name	done know
...lace	Maryland
...Father	Jim Mac
...tion	Cook Driver
...lace	dont know
...l Attendant, or other Person who makes this Return.	Caroline Stewart

the child very healthy, a fine large boy.

RETURN OF A BIRTH 5793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 1 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 6 children
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	October 28th 1882
4. *Place of Birth, (Street and Number)*	No 209 Mulliken Street
5. *Full Name of Mother,*	Clara Moore
6. *Mother's Maiden Name,*	Clara Wallace
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Horace L. Moore
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	State of Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lucas Morgan
Address,	No 47 North Durham st.
Remarks,	

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 59194

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th October 1882
4. *Place of Birth (Street and Number)* 144 Lexington
5. *Full Name of Mother* Ellen Bake Hfat Edwards
6. *Mother's Maiden Name* Heat.
7. *Mother's Birthplace* England.
8. *Full Name of Father* Henry Edwards.
9. *Father's Occupation* Merchant
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Jno. J. Jay M.D.

Address 75 Franklin St.

Remarks

RETURN OF A BIRTH 19195

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 28th 1882.
4. Place of Birth, (Street and Number)	No 76 Albemarle St.
5. Full Name of Mother,	Anna. Elbacher.
6. Mother's Maiden Name,	Anna Hearmmer
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Micheal. Elbacher
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Eliza. Flemming's
Address,	No 78 Albemarle St.
Remarks,	(City)

PRINTERS AND STATIONERS

RETURN OF A BIRTH

59196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1882 BALTIMORE

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 28th 1882
4. *Place of Birth, (Street and Number)* Philadelphia Road City
5. *Full Name of Mother,* Elly Heck
6. *Mother's Maiden Name,* Elley Shackelford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolph Heck
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glasco

Address, Mickeldria St Extended

Remarks,

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 28th 1882

4. Place of Birth, (Street and Number) No 45 S. Bond st

5. Full Name of Mother Elenora Abrahams

6. Mother's Maiden Name, Bartman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Abrahams

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Goltze

Address, No 35. S. Bond st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 31 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 28th 1882
4. Place of Birth, (Street and Number)	Corner Cross and Sharp st.
5. Full Name of Mother,	Augusta Boemish
6. Mother's Maiden Name,	Hoffman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gustav Boemish
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lohmasser midwife
Address,	330 Hanover st
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19199

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 21 1882
BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex. (state whether male or female)	female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	October 28th 1882.
4. Place of Birth, (Street and Number)	1147 Park St.
5. Full Name of Mother,	Rose Krieger.
6. Mother's Maiden Name,	" Meyer,
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Krieger.
9. Father's Occupation,	Schumacher
10. Father's Birthplace,	Klappenberg.
Name of Medical Attendant, or other Person who makes this Return	Anne Gruber
Address,	1375 S. Monroe St.
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19200.

HEALTH DEPART. OCT 31 1882 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 28th 1882
4. *Place of Birth (Street and Number)*	Corner Harford Avenue and Townsend Sts
5. *Full Name of Mother*	Mary Catherine Rafferty
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore, Md.
8. *Full Name of Father*	Peter Rafferty
9. *Father's Occupation*	Car Driver.
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	A. E. Klein M.D.
Address	195 N. Eden st.
Remarks	

RETURN OF A BIRTH, 19201

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 3 1902 BALTIMORE

Name John Adam Kirkham Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* october 28 / 1902
4. *Place of Birth, (Street and Number)* 304 South bond street
5. *Full Name of Mother* mary c. kirkham
6. *Mother's Maiden Name* mary c. bixler
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John a kirkham
9. *Father's Occupation* Shirt painter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address wellington avenue

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 59202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 11 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 6 children
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colard
3. Date of Birth,	October 28th 1882
4. Place of Birth, (Street and Number)	Mulliken St No 209
5. Full Name of Mother,	Clara Moore
6. Mother's Maiden Name,	Clara Mallie
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Horace L. Moore
9. Father's Occupation,	Laborer
10. Father's Birthplace,	State of Virginia
Name of Medical Attendant, or other Person who makes this Return	Susan Morgan
Address,	471 Aisquith
Remarks,	

...ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 28. 82.
4. Place of Birth, (Street and Number) Alice Ann. 280
5. Full Name of Mother, Helena Leiberger
6. Mother's Maiden Name, Lener
7. Mother's Birthplace, Sachsen
8. Full Name of Father, Kasper Leiberger
9. Father's Occupation, Lebner
10. Father's Birthplace. Sachsen

Name of Medical Attendant, or other Person who makes this Return Mrs J. Raubach

Address, S. Wolf 14

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 9204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DISTRICT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Saturday, October 28 th 1882
4. Place of Birth, (Street and Number)	28 Forrest Place
5. Full Name of Mother,	Mary G Brady
6. Mother's Maiden Name,	Mary G Donahue
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Hugh A Brady
9. Father's Occupation,	Produce Dealer
10. Father's Birthplace,	District of Columbia
Name of Medical Attendant, or other Person who makes this Return	Wilmer Trimble M.D.
Address,	25 Greenmount ave
Remarks,	Holy Presentation

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 28th 1882
4. *Place of Birth, (Street and Number)*	Baltimore Parkin st. No. 123.
5. *Full Name of Mother,*	Mary. Mc. Cann
6. *Mother's Maiden Name,*	" Mc. Fee.
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Mc. Cann
9. *Father's Occupation,*	Shoe. Maker
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 58 Parkin st.
Remarks,	

HEALTH DEPT. CITY 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59206

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 10 Child

1. Sex, (state whether male or female) ~~female~~ male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 28 of october
4. Place of Birth, (Street and Number) 265 cross street
5. Full Name of Mother, Sarh caster
6. Mother's Maiden Name, Sarh dele
7. Mother's Birthplace, Baltimore M. D
8. Full Name of Father, Luise dele
9. Father's Occupation, Colvert conty
10. Father's Birthplace, Prick make

Name of Medical Attendant, or other Person who makes this Return Milley Gross

Address, ~~XX~~ York street 12 plumalley

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 59207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct. 28 1882
4. *Place of Birth, (Street and Number)* 20 Sterrett St
5. *Full Name of Mother* Margaret A. Murphy
6. *Mother's Maiden Name* " " Hunt
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John J. Murphy
9. *Father's Occupation* Woman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward R. Wheeler

Address 54 Aisquith St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 59208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 28 1882
4. Place of Birth, (Street and Number) 400 Canton av
5. Full Name of Mother, Annie Bannerspell
6. Mother's Maiden Name, Annie Sauifein
7. Mother's Birthplace, Germany
8. Full Name of Father, H. W. Bannerspell
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chester

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 59209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 10 1892 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) first Child

1. *Sex,* (*state whether male or female*) Male Child

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* October 28

4. *Place of Birth,* (*Street and Number*) 516 Lexington st

5. *Full Name of Mother,* Mary Frender

6. *Mother's Maiden Name,* Mary Flora

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm A Frender

9. *Father's Occupation,* Sabering Man

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jos Sadler

Address, No 4 Lee st

Remarks,

ET, PRINTER & STATIONER, BALT.

59210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 28th 8 30 A.M. Instrumental
4. *Place of Birth (Street and Number)* 150 McElderry St.
5. *Full Name of Mother* Anna Maria Deal P
6. *Mother's Maiden Name* Anna M. Bernard
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* William H. Deal
9. *Father's Occupation* Tin & Sheet Iron Worker
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M.D.

Address 299 E Baltimore St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH. 59211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1892 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 29th
4. Place of Birth (Street and Number) 107 Mulberry St
5. Full Name of Mother Clark
6. Mother's Maiden Name Don't know
7. Mother's Birthplace Delaware
8. Full Name of Father Clark
9. Father's Occupation Merchant
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Dr Antrim

Address 172 Franklin

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 29, 1882
4. *Place of Birth, (Street and Number)*	No. 1. N. Exeter St.
5. *Full Name of Mother*	Maud Grayzer
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	George Leffler
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	Flora A. Brewster M. D.
Address,	255 N. Eutaw Street Baltimore.
Remarks,	Child healthy.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 29 1882.
4. Place of Birth, (Street and Number)	No: 26. E. Biddle St
5. Full Name of Mother,	Marie Maison
6. Mother's Maiden Name,	Mayer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Eduard Maison
9. Father's Occupation,	Wheelwright
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Josephina Conrad
Address,	No 20. Barnes St
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Oct 29th 82
4. Place of Birth, (Street and Number) 46 Greenwillow St.
5. Full Name of Mother, Mary E. Leitz
6. Mother's Maiden Name, Mary E. Snyder.
7. Mother's Birthplace, Md
8. Full Name of Father, Fred K. J. Leitz
9. Father's Occupation, Grocer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. Heller M.D.

Address, 188 Franklin St

Remarks,

[illegible] name of the mother of such child or children."

[illegible]ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 29th '82
4. Place of Birth, (Street and Number) 83 Division St.
5. Full Name of Mother, Sarah Jordan
6. Mother's Maiden Name, Sarah Myers.
7. Mother's Birthplace, Md
8. Full Name of Father, Martico Jordan
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. Keller, MD

Address, 188 Franklin St.

Remarks,

[illegible] name of the mother of such child or children."

[illegible]ANY & CO., CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 59216

HEALTH DEPARTMENT
OCT 31 1882
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* Oct 29th 1882
4. *Place of Birth* (Street and Number) Lombard St 797
5. *Full Name of Mother* Mary F Kincaid
6. *Mother's Maiden Name* Bacon
7. *Mother's Birthplace* Lancaster Co Pa
8. *Full Name of Father* Frank H Kincaid
9. *Father's Occupation* Lithographer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm F Lankin M.D.

Address No. 34 N Gilmor St

Remarks Natural.

RETURN OF A BIRTH 59217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	M
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	Oct 29th 1882
4. Place of Birth, (Street and Number)	362 N. Gilmor st
5. Full Name of Mother,	Amelia Tucker
6. Mother's Maiden Name,	Amelia Born
7. Mother's Birthplace,	Pa
8. Full Name of Father,	Jas E. Tucker
9. Father's Occupation,	Merchant.
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return	Dr R. Winslow
Address,	201 W. Biddle st
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
1902
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29th
4. Place of Birth, (Street and Number) No " 62 Ann st
5. Full Name of Mother, Mary "Hilgemann
6. Mother's Maiden Name, " Ghise
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Fr. Hilgemann
9. Father's Occupation, Grocier Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Heimon

Address, No " 70 Granby st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 29th 1882
4. Place of Birth, (Street and Number) 129. west St
5. Full Name of Mother, Louisa anna Martino
6. Mother's Maiden Name, " " Harig
7. Mother's Birthplace, Louisville Kentucky
8. Full Name of Father, Charles A Martino
9. Father's Occupation, Laborer
10. Father's Birthplace, Cross St Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Conway

Address,

Remarks,

[illegible] and the married name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) ~~Mulatto~~ Colored

3. Date of Birth Oct 29th 1882

4. Place of Birth (Street and Number) 39 Richmond St

5. Full Name of Mother Pinkie Harris

6. Mother's Maiden Name Walker

7. Mother's Birthplace Va

8. Full Name of Father Wilson Rill Harris

9. Father's Occupation Waiter

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. J. E. Lindsay MD

Address 167 Park Av.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

59221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	29 October 1882
4. Place of Birth (Street and Number)	115 E Lombard St
5. Full Name of Mother	Agnes Litchfield
6. Mother's Maiden Name	" O'Conner
7. Mother's Birthplace	Delaware
8. Full Name of Father	Wm Litchfield
9. Father's Occupation	Driver
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	St Thomas M & H
Address	C & Baltimore St
Remarks	

NOV 23 1882

RETURN OF A BIRTH 59222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ch.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Oct. 29 '82
4. Place of Birth, (Street and Number) 61 Fairmount Av
5. Full Name of Mother, Francis A. White
6. Mother's Maiden Name, " " Hoadley
7. Mother's Birthplace, Michigan
8. Full Name of Father, Cyrus B. White
9. Father's Occupation, Sail Maker
10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return J. L. Wilkins M.D.

Address, 770 Bowdy

Remarks.

[illegible] parents, and the maiden name of the mother of such child or children."

[illegible]LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 29 th 1882
4. Place of Birth, (Street and Number)	No. 188 Cross st
5. Full Name of Mother,	Mary Musgrave
6. Mother's Maiden Name,	Beidel
7. Mother's Birthplace,	America
8. Full Name of Father,	James Musgrave
9. Father's Occupation,	Barber
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwasser midwife
Address,	330 Hanover st
Remarks,	

BY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59224

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 29th 1882
4. Place of Birth, (Street and Number) No 138 West st.
5. Full Name of Mother, Rosa Lillie
6. Mother's Maiden Name, Woodward
7. Mother's Birthplace, America
8. Full Name of Father, Mathew Lillie
9. Father's Occupation, Glassblower
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Lohwasser midwife

Address, 330 Hanover st.

Remarks,

"If the parents, and the maiden name of the mother of such child or children."

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59225

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

Lydia Esberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 Oct.
4. Place of Birth, (Street and Number) 65 Holland st
5. Full Name of Mother, Rebecca Esberger
6. Mother's Maiden Name, " Erich
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Wendel Esberger
9. Father's Occupation, Musitioner
10. Father's Birthplace, Cinsinati Ohio

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland st

Remarks,

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

No. 9226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 29. 82.
4. *Place of Birth, (Street and Number)* South Wolfster No 61.
5. *Full Name of Mother,* Louise Hennike
6. *Mother's Maiden Name,* Dermer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Fritz Hennike
9. *Father's Occupation,* Fischernetmaker
10. *Father's Birthplace,* Westphalen

Name of Medical Attendant, or other Person who makes this Return: Wm. Joh. Rombach

Address, S. Wolfster No 14

Remarks,

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 59227

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* October 29 1882
4. *Place of Birth, (Street and Number)* No 48 Woodyear st
5. *Full Name of Mother* Nettie Mayers
6. *Mother's Maiden Name* " McCathirne
7. *Mother's Birthplace* Illinoise
8. *Full Name of Father* Mr Frank Mayers
9. *Father's Occupation* Pipe Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll

Address No 7 Patterson ave

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57228

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday October 29th 1882

4. Place of Birth, (Street and Number) No. 332 East Lombard Street

5. Full Name of Mother, Mrs. Martha Paulina Gambrill

6. Mother's Maiden Name, Miss M. J. Sapp

7. Mother's Birthplace, Baltimore, Maryland

8. Full Name of Father, Mr. James Henry Gambrill

9. Father's Occupation, Mariner

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return William H. Clendinen M.D.

Address, No. 102 N. Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children."

C. O'LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 59229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) _____

1. *Sex (state whether ~~male or~~ female)* _____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* October 29th 1882.
4. *Place of Birth, (Street and Number)* 147 S. Ann St.
5. *Full Name of Mother* Hannah Yrager
6. *Mother's Maiden Name* Hannah Peacock
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Charles Henry Yrager.
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell Jr.

Address 207 S. Broadway

Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH 59233a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3te Child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	
3. Date of Birth.	Oct. 29th 1882
4. Place of Birth, (Street and Number)	328 S. Eutaw St.
5. Full Name of Mother.	Cora Lavington
6. Mother's Maiden Name.	Schildern
7. Mother's Birthplace.	Baltimore Virginien
8. Full Name of Father.	Georg. Lavington
9. Father's Occupation,	Machinist
10. Father's Birthplace.	Virginien
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Voth
Address,	No 328 S Eutaw St.
Remarks,	

NOV 3 1882

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 4 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* October 29 '92 —

4. *Place of Birth, (Street and Number)* No. 17 Conway St

5. *Full Name of Mother,* Mary James,

6. *Mother's Maiden Name,* Mary Brown,

7. *Mother's Birthplace,* Kent County

8. *Full Name of Father,* George James

9. *Father's Occupation,* Driver of Wagon

10. *Father's Birthplace,* Chestertown

Name of Medical Attendant, or other Person who makes this Return. Sarah A. Jones

Address, 15 Conway St.

Remarks, Male & Healthy —

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 29th 1882
4. Place of Birth, (Street and Number) 47 Harrison st.
5. Full Name of Mother, Henny Levin
6. Mother's Maiden Name, " Ungerinsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Levin
9. Father's Occupation, Pedler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bunstein

Address, 113 E. Lombard st.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS.

7

RETURN OF A BIRTH.

59233

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 29th 9 22 P.M. 1882
4. *Place of Birth (Street and Number)* 22 Fairmount Avenue
5. *Full Name of Mother* Placida Adams
6. *Mother's Maiden Name* Placida Cesati
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John H. Adams
9. *Father's Occupation* Sail Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E Baltimore St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 59234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29th 1882
4. Place of Birth, (Street and Number) 62 North Green
5. Full Name of Mother, Isabella Tylor
6. Mother's Maiden Name, Isabella Buchhanan
7. Mother's Birthplace, Chicago Ill
8. Full Name of Father, George B Tylor
9. Father's Occupation, Manufacturer
10. Father's Birthplace, N York City

Name of Medical Attendant, or other Person who makes this Return L. K. Wiley Mtr

Address, 154 Hanover Street

Remarks,

[illegible] of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

17231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1882

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 29th 1882
4. *Place of Birth (Street and Number)*	128 Sharp st
5. *Full Name of Mother*	Ida R. Wilcox
6. *Mother's Maiden Name*	" " Williams
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Thos. W. Wilcox
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	C. A. Lewis
Address	162 Hanover st
Remarks	

RETURN OF A BIRTH

17236

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Oct 30 nd 1882
4. Place of Birth, (Street and Number)	No. 241 Baltimore av.
5. Full Name of Mother,	Mary Kitcherer
6. Mother's Maiden Name,	Sitting
7. Mother's Birthplace,	America
8. Full Name of Father,	Carl Kitcherer
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwartzer midwife
Address,	330 Hanover st.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART...
NOV. 4 1882
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	30th October 1882
4. Place of Birth, (Street and Number)	103 Bulling st.
5. Full Name of Mother,	Priscilla Spencer
6. Mother's Maiden Name,	" King
7. Mother's Birthplace,	Ball
8. Full Name of Father,	John L Spencer
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Ball
Name of Medical Attendant, or other Person who makes this Return	H. W. Webster
Address,	59 Bank st
Remarks,	

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

57238

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 18 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* Oct. 30, 1
4. *Place of Birth (Street and Number)* 275 Biddle st.
5. *Full Name of Mother* Emma Clark.
6. *Mother's Maiden Name* Emma Simms
7. *Mother's Birthplace* Hagerstown
8. *Full Name of Father* Robert Henry Clark.
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Bias.

Address 277 N. Biddle st.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	30th October
4. Place of Birth, (Street and Number)	China St 03
5. Full Name of Mother,	Sarah Ringold
6. Mother's Maiden Name,	Brown
7. Mother's Birthplace,	Kent Island
8. Full Name of Father,	Samil Ringold
9. Father's Occupation,	Single
10. Father's Birthplace,	Kent Island
11. Name of Medical Attendant, or other Person who makes this Return	Sarah ann Brown
Address,	242 Eutaw St.
Remarks,	

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59240

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Oct 30th 1882
4. Place of Birth, (Street and Number)	# S. Chesnut St
5. Full Name of Mother,	Bertha Jones
6. Mother's Maiden Name,	Bertha Cary
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Thomas Jones
9. Father's Occupation,	Waiter
10. [redacted]ather's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	# S Forest St
Remarks,	

NOV 10 1882

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59241

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Oct 30th 1882
4. Place of Birth, (Street and Number)	# 51 East St
5. Full Name of Mother	Mary Burton
6. Mother's Maiden Name,	Mary Wilmare
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Emory Burton
9. Father's Occupation,	Oyster Shucker
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	# 5. Forrest St
Remarks,	

PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 57242

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 30th 1882
4. *Place of Birth (Street and Number)* 375 N. Eden St.
5. *Full Name of Mother* Josephine Lauerman
6. *Mother's Maiden Name* Krieger
7. *Mother's Birthplace* City
8. *Full Name of Father* Frederick Lauerman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return, E. B. Fenby

Address Cor. Eden & Bond Sts.

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5924 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct. 30th
4. Place of Birth (Street and Number) 422 N. Calhoun St
5. Full Name of Mother Margaret L Merryman
6. Mother's Maiden Name " " Inerner
7. Mother's Birthplace Balto.
8. Full Name of Father Wm. S. Merryman
9. Father's Occupation Clerk
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address 152 Fourth St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 19244

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 17 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex (state whether male or female)* Male 1
2. *Race or Color (if not of the white race)* W Lit
3. *Date of Birth* 30th October
4. *Place of Birth (Street and Number)* 74 Fort Av.
5. *Full Name of Mother* Louisa Easley
6. *Mother's Maiden Name* Louisa Athan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George W. Easley
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary K. Easley

Address 134 Hanover St

Remarks During Well

name of the mother of such child or children.

RETURN OF A BIRTH 19295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, October 30th
4. Place of Birth, (Street and Number) West St 1014
5. Full Name of Mother, georgeanner graam
6. Mother's Maiden Name, fisher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles graam
9. Father's Occupation, oyster shucker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return S. Wilson

Address, Ross St 3068

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59246

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* Female x 5
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 October
4. *Place of Birth (Street and Number)* 24 Poultney St
5. *Full Name of Mother* Teney Sly
6. *Mother's Maiden Name* Teney Kirven
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Sly
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Easkey

Address 134 Hamburg St

Remarks Doing Well

name of the mother of such child or children.

RETURN OF A BIRTH, 59247

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30th October 1882
4. *Place of Birth, (Street and Number)* 70 President St.
5. *Full Name of Mother* Clara Cunio
6. *Mother's Maiden Name* Clara Rotaliato
7. *Mother's Birthplace* Italy
8. *Full Name of Father* John Baptista Cunio
9. *Father's Occupation* Grocery Store
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return. John Morris [illegible]

Address 5 Franklin St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH, 59248

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Oct 30th 1882
4. *Place of Birth, (Street and Number)* 190 Columbia
5. *Full Name of Mother* Mary Dane Stewart
6. *Mother's Maiden Name* Hartman
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Alexander Thomas Stewart
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Cuney

Address 76 Lloyd St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2)
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 30 — 1882
4. Place of Birth, (Street and Number)	No 299 N. Broadway
5. Full Name of Mother,	Anna Hebli
6. Mother's Maiden Name,	" Obersiider
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jacob Hebli
9. Father's Occupation,	Butcher
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Josphina Konrads
Address,	No 20 Barnes St
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19250

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1882 BALTIMORE

N[illegible] of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 30th 1882
4. Place of Birth, (Street and Number) No 97 Curley St
5. Full Name of Mother. Mary Lenhardt
6. Mother's Maiden Name, " Richardson
7. Mother's Birthplace, City
8. Full Name of Father. John Lenhardt
9. Father's Occupation, Peddler
10. [illegible]ather's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 126 Bank St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 30 Oct 1882
4. Place of Birth, (Street and Number) N. E cor Gough and Oakland
5. Full Name of Mother, Carrie Hamburgers
6. Mother's Maiden Name, " Haas
7. Mother's Birthplace, Balt
8. Full Name of Father, Samuel Hamberger
9. Father's Occupation, Restaurant
10. [redacted] Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Abrig

Address, 4 E Holland St

Remarks,

OCT 31 1882 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTRAR'S OFFICE NOV 3 1882 BALTIMORE

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, born on the 30th of Oct. /82
4. Place of Birth, (Street and Number) 408 McHenry St.
5. Full Name of Mother, Marry Brady
6. Mother's Maiden Name, Mc Mercon
7. Mother's Birthplace, born in the City of Balto.
8. Full Name of Father, John Brady
9. Father's Occupation, Arab
10. Father's Birthplace, born in Hessian Germany

Name of Medical Attendant, or other Person who makes this Return Mr. Hiller

Address, 107 W. Pratt St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th,

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 30th, 9:15 P. M.
4. *Place of Birth, (Street and Number)* No 13 Woodward St.
5. *Full Name of Mother,* Catherine Weisman
6. *Mother's Maiden Name,* Hildenberg.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Andrew Weisman,
9. *Father's Occupation,* Laborer,
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, N.E. Cor. Columbia Ave. & Fremont St.

Remarks, Child in good physical condition, &c.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

N B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 39254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex,* (state whether male or female) boy
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* 30 June
4. *Place of Birth,* (Street and Number) Communal Street 86
5. *Full Name of Mother,* Barbara Sebald
6. *Mother's Maiden Name,* Barbara Schmidt
7. *Mother's Birthplace,* Bavaria Langendorf
8. *Full Name of Father,* Christoff Sebald
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Langendorf Bavaria

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, mid wife 139 E. Eager Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59255

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 30 october
4. Place of Birth, (Street and Number) 131 yorkstreet
5. Full Name of Mother, Gracer Broom
6. Mother's Maiden Name, Graccer fwoot
7. Mother's Birthplace, Colvert comtry
8. Full Name of Father, John X Broom
9. Father's Occupation, Oyster Shoher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mehley Gross

Address, plumalley 12

Remarks,

[illegible] of the parents, and the maiden name of the mother of such child or children."

[illegible]ULANY & CO., CITY PRINTERS AND STATIONERS.

59256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) boy 30 dot
2. Race or Color (if not of the white race) Colored
3. Date of Birth
4. Place of Birth (Street and Number) Jasper st 89
5. Full Name of Mother ane e tomes
6. Mother's Maiden Name
7. Mother's Birthplace baltimore
8. Full Name of Father tomes mathes
9. Father's Occupation porter
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. Lusey Carnis

Address 15 Purdenaly

Remarks

...r their physical condition, whether still born or not, the full name, nativity, and residence ...arents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Octob. 30th 1882

4. Place of Birth, (Street and Number) 506 6 Eutaw Market

5. Full Name of Mother, Wilhelmine Brack

6. Mother's Maiden Name, Hertig

7. Mother's Birthplace, Cur Hessen

8. Full Name of Father, Albert Brack

9. Father's Occupation, Machinist

10. [redacted] Father's Birthplace. Cur Hessen

Name of Medical Attendant, or other Person who makes this Return Mrs Barie Koch

Address, 506 328 S Eutaw St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 30 of Sep
4. *Place of Birth, (Street and Number)* No. 3, Smith, Cally.
5. *Full Name of Mother,* Maggie Ernest
6. *Mother's Maiden Name,* Maggie Galhausen
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Peter Galhausen
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Canada.

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Sauer

Remarks, 173 Harper ave.

1882

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 19259

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	October 30 - 82
4. *Place of Birth, (Street and Number)*	167 N. Paca St
5. *Full Name of Mother*	Annie M. E. Murphy
6. *Mother's Maiden Name*	Goldhagen
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Thomas Franklin Murphy
9. *Father's Occupation*	Asst. Engineer Fire Dept.
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	#112 N. Greene
Remarks	

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct 30th 1882
4. Place of Birth, (Street and Number)	25-6 E Preston st
5. Full Name of Mother,	Ethie A Billingslea
6. Mother's Maiden Name,	Gilbert
7. Mother's Birthplace,	Franklin Co Pa
8. Full Name of Father,	M. B. Billingslea
9. Father's Occupation,	Physician
10. Father's Birthplace,	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	25 E Preston
Remarks.	

of the parents, and the maiden name of the mother of such child or children."

NOV 23 1882 BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

9261

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 14 1892
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 31 1892
4. Place of Birth (Street and Number)	126 Raburg Street
5. Full Name of Mother	Susie Jenkins
6. Mother's Maiden Name	Susie High
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Clinton High
9. Father's Occupation	Oyster Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza Cornish
Address	Eldorado Lane
Remarks	The child is still a live

RETURN OF A BIRTH.

S 9262

HEALTH DEPARTMENT NOV 6 1892 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 27
4. Place of Birth (Street and Number)	Baltimore. Hanover st, cor 538
5. Full Name of Mother	Bessie Renals
6. Mother's Maiden Name	Bessie Wissen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Renals
9. Father's Occupation	Glass Cutter
10. Father's Birthplace	George town
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mc. Shaffer
Address	114 Ridgely st
Remarks	

RETURN OF A BIRTH.

S 9263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 1882 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	October 31st 82
4. *Place of Birth* (Street and Number)	70 Harlem ave
5. *Full Name of Mother*	Mary Elizabeth Bullen
6. *Mother's Maiden Name*	" " Hamill
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	William W. Bullen
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Jas. E. Gibbons M.D.
Address	47 Edmondson ave
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59264

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, October 31st 1882
4. *Place of Birth*, (Street and Number) 420 Park Av.
5. *Full Name of Mother*, Rowena West
6. *Mother's Maiden Name*, Rowena Caughey
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Wm C West
9. *Father's Occupation*, Merchant
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return J W Mattingly

Address, 121 W. Lanman St

Remarks,

[illegible] persons, and the married name of the mother of such child or children.

[illegible]LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59265

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1892 BALTIMORE

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 31st 1892
4. *Place of Birth, (Street and Number)* 90 N. Pace St
5. *Full Name of Mother,* Addie Kennedy
6. *Mother's Maiden Name,* Addie Gosshorn
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* J. W. Kennedy
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 31st 1882
4. Place of Birth, (Street and Number)	220 St. Paul St
5. Full Name of Mother,	Isabel Cunningham
6. Mother's Maiden Name,	Isabel White
7. Mother's Birthplace,	New York
8. Full Name of Father,	Wm Cunningham
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Mass.
Name of Medical Attendant, or other Person who makes this Return	S W Millenberger
Address,	121 W. Monument
Remarks,	

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 31/82
4. Place of Birth, (Street and Number) 57 Parkin
5. Full Name of Mother, Elizabeth Taft
6. Mother's Maiden Name, " Grosbernde
7. Mother's Birthplace, Balto dea
8. Full Name of Father, Geo H. S. Taft
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto dea

Name of Medical Attendant, or other Person who makes this Return H. L. Hearn M.D.

Address, 387 W. Lombard St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

19268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	31st oct 1882
4. Place of Birth, (Street and Number)	104 Cathedral
5. Full Name of Mother,	Elizabeth Smith Baker
6. Mother's Maiden Name,	Elizabeth Smith
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	W R Baker
9. Father's Occupation,	Flint Parker
10. Father's Birthplace,	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return	C B [illegible]
Address,	59 Cathedral
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

9269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 31st 1887
4. Place of Birth, (Street and Number)	511 Sharp St
5. Full Name of Mother,	Mary E Bear
6. Mother's Maiden Name,	Mary E. Bramwell
7. Mother's Birthplace,	Dorchester Co Md
8. Full Name of Father,	Chas. C. Bear
9. Father's Occupation,	Coppersmith
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	140 Hanover St
Remarks,	

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 2 1882
BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	October 31st 1882
4. Place of Birth, (Street and Number)	Paris[illegible] street No 14
5. Full Name of Mother,	Clara V Stuart
6. Mother's Maiden Name,	Clara V Stuart
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Corbit Stuart
9. Father's Occupation,	Bricklayer
10. [redacted]ther's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs S. Kelly
Address,	792 Pratt
Remarks,	

...ANY & CO., CITY PRINTERS AND STATIONERS

59271

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 31, 1882
4. Place of Birth (Street and Number)	No 518 Harford Ave. Balto. Md
5. Full Name of Mother	Bernhareine Kaufman.
6. Mother's Maiden Name	Bernhareine Bergman.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Karl Kaufman.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 8 Walker Street near Bond
Remarks	Baltimore Md

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

59272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1892 BALTIMORE

...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Oct 31, 1892.

4. Place of Birth, (Street and Number) Cor Fay & Washington Sts.

5. Full Name of Mother, Mary Shanks

6. Mother's Maiden Name, Mary Martin

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Geo Shanks

9. Father's Occupation, Clerk.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Duncan F Hill M.D.

Address. Cor Fayette & Calhoun Sts.

Remarks.

...LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

52
1927 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE, MD.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 31st 1882
4. *Place of Birth, (Street and Number)* 47 N Bond St
5. *Full Name of Mother,* Emma Florence Pruitt
6. *Mother's Maiden Name,* Emma Florence Cornthwait
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Eugene Rink Pruitt
9. *Father's Occupation,* Canmaker
10. *Father's Birthplace,* Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return E Geo Walls

Address, 41 N Bond St

Remarks,

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Ouse 59274

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: William Oliver Hayes

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 31, 1882.
4. Place of Birth, (Street and Number) E. Lombard St. No. 120.
5. Full Name of Mother, Lizzie Hayes
6. Mother's Maiden Name, Lizzie Fitzgibbons
7. Mother's Birthplace, County Limerick, h. Gr. Britt. Europa
8. Full Name of Father, John A. Hayes
9. Father's Occupation, Engineer
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return Harry E. Müller

Address, N. Dallas St. No. 26.

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 31, 1882
4. *Place of Birth, (Street and Number)* East Fayette St. No. 175.
5. *Full Name of Mother,* Auguste Bethke
6. *Mother's Maiden Name,* Auguste Schollmeyer
7. *Mother's Birthplace,* Celle h. Preussen Germany
8. *Full Name of Father,* Karl Bethke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace* Zempelburg h Würtemberg Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Gallas St No. 26

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Tuesday Feb 21st 1882.
4. *Place of Birth, (Street and Number)*	136 Harford ave,
5. *Full Name of Mother,*	Mary Empsey
6. *Mother's Maiden Name,*	Mary Fay
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	Thomas Empsey
9. *Father's Occupation,*	Garbage Cart Driver
10. *Father's Birthplace,*	Cecil Co. Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton, M.D.
Address,	25½ Greenmount ave
Remarks, Vertex Presentation	

NOV 3 1882 BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Oct 31/82
4. *Place of Birth, (Street and Number)* 177 Gough
5. *Full Name of Mother,* Elizabeth Warnke
6. *Mother's Maiden Name,* " Rohme
7. *Mother's Birthplace,* Bald
8. *Full Name of Father,* Chas Warnke
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Bald

Name of Medical Attendant, or other Person who makes this Return J. L. Williams

Address, [illegible]

Remarks.

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

9278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* M colored

3. *Date of Birth,* 31st October

4. *Place of Birth, (Street and Number)* Ballast street No 17

5. *Full Name of Mother,* Henry Stevens

6. *Mother's Maiden Name,* Henny Gibson

7. *Mother's Birthplace,* Faulkford County va.

8. *Full Name of Father,* George W. Stevens

9. *Father's Occupation,* Laborer

10. *Mother's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Susan Thorsan

Address, No 47 North Durham street

Remarks,

T, PRINTER & STATIONER, BALT.

Missing

59279 to 59285,

incl.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

[illegible]URN OF A BIRTH.

No. 2
59286

To [illegible] of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 1st 1882
4. Place of Birth (Street and Number) No. 190 Argyle Avenue
5. Full Name of Mother Helena M. Goldsborough
6. Mother's Maiden Name Helena McManus
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry P. Goldsborough
9. Father's Occupation Clerk
10. Father's Birthplace Queen Anns Co.

Name of Medical Attendant, or other Person who makes this Return. F. R. McManus
Address 71 Franklin St.
Remarks Child healthy and well formed

born, its or their physical conditi[illegible] [illegible]e full name, nativity, and residence of the parents, and the maiden na[illegible] or children.

RETURN OF A BIRTH 9287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2?
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 1
4. *Place of Birth, (Street and Number)*	Dried Fish Ave.
5. *Full Name of Mother,*	Priscilla Ponder Edwards
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Sam'l M. Ponder
9. *Father's Occupation,*	Retired Merchant
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address,	251 Madison Ave.
Remarks,	Instrumental Assistance

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 59288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 8
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored Male
3. *Date of Birth* born on the 1st of Nov
4. *Place of Birth (Street and Number)* & Maryland Ave
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mrs Carrie Proctor
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Mr Jacob Proctor
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Lucy Commish

Address 15 Jordon alley S.

Remarks

or their physical condition, whether still born or not, the full name, nativity, and residence
arents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

S 7289

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth November 1st '82

4. Place of Birth (Street and Number) #197 S. Fremont St.

5. Full Name of Mother Mollie Franklin

6. Mother's Maiden Name Mollie Button

7. Mother's Birthplace Maryland

8. Full Name of Father Mr. D. Franklin

9. Father's Occupation Cigar Maker

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Tyler Smith M.D.

Address 221 Bank St.

Remarks Easy Ed Natural Labor.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 57289

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 1st '82
4. Place of Birth (Street and Number)	#197 S. Fremont St.
5. Full Name of Mother	Mollie Franklin
6. Mother's Maiden Name	Mollie Button
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm. D. Franklin
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Tyler Smith M.D.
Address	221 Bank St
Remarks	Easy Ed Natural Labor.

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RETURN OF A BIRTH 59290

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* first day of November
4. *Place of Birth, (Street and Number)* 239. Henrietta street
5. *Full Name of Mother,* Stay and Washington
6. *Mother's Maiden Name,* Stay and Welor
7. *Mother's Birthplace,* Kilant and Cantry
8. *Full Name of Father,* Janne Weller
9. *Father's Occupation,* Scarmorn
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Milley Groes

Address, No 12 Plum alley

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59291

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2.
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	1 November
4. *Place of Birth,* (*Street and Number*)	229 Dalah street
5. *Full Name of Mother,*	Emile Serick
6. *Mother's Maiden Name,*	Walker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Serick
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Nov 1st 1882
4. Place of Birth, (Street and Number)	594 Hanford Ave
5. Full Name of Mother,	~~Wm~~ Johnson Annie Johnson
6. Mother's Maiden Name,	Thule
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm Johnson
9. Father's Occupation,	Brickmason
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	M B. Billingslea
Address,	257 E Preston st
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882 CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 1st 1882
4. Place of Birth, (Street and Number)	# 300 S. Chappel St
5. Full Name of Mother,	Anna Krautsch
6. Mother's Maiden Name,	Wicht
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Anton Krautsch
9. Father's Occupation,	Laborer
10. Father's Birthplace.	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Eastern Ave
Remarks,	

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, June 1st 4 P.M. 1892

4. Place of Birth, (Street and Number) Maternity Hospt. 161 N. Lanvale

5. Full Name of Mother Helen Owens

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return Maternity Hospt.

Address, Maternity Hospt 161 N. Lanvale

Remarks, Illegitimate

RECEIVED JUN 3 1892 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	mulatto.
3. *Date of Birth,*	1st Nov. 1882.
4. *Place of Birth, (Street and Number)*	Canton Elliott St. 174.
5. *Full Name of Mother,*	Margaretha Hauck
6. *Mother's Maiden Name,*	Schön
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Adam Hauck
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Canton.
Name of Medical Attendant, or other Person who makes this Return.	Anna Rimmen.
Address,	8 Donell St. 26.
Remarks,	

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1892 BALTIMORE

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 1st 1892
4. Place of Birth, (Street and Number)	665 Light St
5. Full Name of Mother,	Virginia Fink
6. Mother's Maiden Name,	Virginia Caper
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Samuel Fink
9. Father's Occupation,	Agent Machine Shop
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Goddard MD
Address,	140 Warner St
Remarks,	

TY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 1, 1892
4. *Place of Birth, (Street and Number)*	218 George St
5. *Full Name of Mother,*	Wilhelmina M. Miller
6. *Mother's Maiden Name,*	" " Logan
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Ed. Albert Miller
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	W. S. Dr Morgan
Address,	119 W Monument St
Remarks,	

or the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 51198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Nov 1st
4. *Place of Birth, (Street and Number)* 274 Howard St.
5. *Full Name of Mother* Sarah Broom
6. *Mother's Maiden Name* Sarah Dorsey
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Samuel Broom
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Rachel Dorsey

Address 322 Hamburg St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 19299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 3 1882 BALTIMORE

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	Seventh
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	Nov. 1st 1882
4. *Place of Birth,* (*Street and Number*)	9a St. South Oxford St.
5. *Full Name of Mother.*	Mary Isselberger
6. *Mother's Maiden Name,*	" Hunter
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	Andrew Isselberger
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Edwd. A. Evans M.D.
Address,	270 Hoffman St.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

[illegible] of Child of Mother, (state ~~whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 1st 1882
4. Place of Birth, (Street and Number) 225 Hoffman St
5. Full Name of Mother, Grace J. Wooldridge
6. Mother's Maiden Name, Grace Jelke
7. Mother's Birthplace, Ohio
8. Full Name of Father. Robt A Wooldridge
9. Father's Occupation, Merchant
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return

Address, Geo Naylor

Remarks, # 1 Waverley Terrace

[illegible] of sex, parents, and the maiden name of the mother of such child or children.

[illegible]ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19301

HEALTH DEPARTMENT
NOV 17 1882
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether ~~Male~~ or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* November 2d 1882
4. *Place of Birth* (Street and Number) 426. Park av
5. *Full Name of Mother* Bertha Ulman Walter
6. *Mother's Maiden Name* Bertha Ulman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Moses, R. Walter
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. F. F. Miles. M. D.

Address 28. Cathedral St

Remarks

RETURN OF A BIRTH, 19302

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Nov. 2nd ½ past 7, a.m.
4. *Place of Birth, (Street and Number)* McHenry St. No 352½
5. *Full Name of Mother* Louisa T Browning
6. *Mother's Maiden Name* " " Spangler
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Geo G. Browning
9. *Father's Occupation* Clerk, Mount Clare, B & O. R.R.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Carroll midwife

Address No 7 Patterson Ave

Remarks Born with a Caul over its face fine & healthy.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	~~October~~ 2th November
4. Place of Birth, (Street and Number)	1d 396 Harford Ave
5. Full Name of Mother,	Minnie Wooden
6. Mother's Maiden Name,	Minnie Seuger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William H Wooden
9. Father's Occupation,	Plaster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dalley Wooden
Address,	No 120 Fremmount Ave
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19304

22 To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3d)
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 2nd 1882
4. *Place of Birth, (Street and Number)*	432 N Central Ave
5. *Full Name of Mother,*	Ella Leyer
6. *Mother's Maiden Name,*	Krieger
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John P. Leyer
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Regina A. Winter
Address,	186 Harford Ave
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Nov. 2nd 1882

4. Place of Birth, (Street and Number) 154 S. Chappel

5. Full Name of Mother, Mary C Whitfield

6. Mother's Maiden Name, " " Growling

7. Mother's Birthplace, B. C.

8. Full Name of Father, Sylvester Whitfield

9. Father's Occupation, Can Maker

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return J. L. Wilson

Address, 77 S. Brady

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59306

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Nov 2 Nd 1812

4. Place of Birth, (Street and Number) N.E. Cor Arno and Lombard

5. Full Name of Mother, Agnes Thornton

6. Mother's Maiden Name, " Roach

7. Mother's Birthplace, B.C.

8. Full Name of Father, Wm W Thornton

9. Father's Occupation, Paper Ruler

10. Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return J. L. Wirtins

Address, 77 S. Brady

Remarks.

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2nd
4. Place of Birth, (Street and Number) 63 S. Fremont St
5. Full Name of Mother Jenny Kleinheim
6. Mother's Maiden Name, " Clark
7. Mother's Birthplace, Belt
8. Full Name of Father, Frederick Kleinheim
9. Father's Occupation, Grocery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Cross

Address, 74 S. Fremont

Remarks, Alla well

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1930 8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether Male or Female) Female -
2. Race or Color (if not of the white race) White -
3. Date of Birth Nov. 2d - 1882.
4. Place of Birth (Street and Number) No. 940 W. Balto. St.
5. Full Name of Mother Susan C. Marr
6. Mother's Maiden Name Hutchins -
7. Mother's Birthplace Balto. Co. -
8. Full Name of Father John W. Marr -
9. Father's Occupation Conductor -
10. Father's Birthplace Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith.

Address Broadway & Caldwell St.

Remarks

RETURN OF A BIRTH 59309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 2nd 18[illegible]
4. *Place of Birth, (Street and Number)*	No. 162 Hudson St.
5. *Full Name of Mother,*	Mrs Annie Connelly
6. *Mother's Maiden Name,*	Miss Annie [illegible]
7. *Mother's Birthplace,*	Baltimore Cit
8. *Full Name of Father,*	Thomas Connelly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Cit
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No. 65 Burke St.
Remarks,	Child's name Annie Luretta

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 11 1892 BALTIMORE

...Y & CO., CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 19310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d November 1882
4. Place of Birth (Street and Number)	145 N. Carrollton ave
5. Full Name of Mother	Daisy Meginness
6. Mother's Maiden Name	Daisy Gale
7. Mother's Birthplace	Balto City
8. Full Name of Father	Harry Meginness
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M. D
Address	234 W. Fayette St
Remarks	

RETURN OF A BIRTH.

17311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 2nd
4. *Place of Birth (Street and Number)* Fourth bet L
5. *Full Name of Mother* Casey Bradley Casey Penn
6. *Mother's Maiden Name* Casey Bradley
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jersey Penn
9. *Father's Occupation* Domestic
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Thos J Lemmon M.D.

Address 240 N. Broadway

Remarks A seven months child very feeble.

Condition, whether still born or not, the full name, family, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

19312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 6 7
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday, Nov. 2nd '82
4. *Place of Birth, (Street and Number)* 57 Columbia Ave
5. *Full Name of Mother,* Mary A. Adams, (Mrs)
6. *Mother's Maiden Name,* " " Joice
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas H. Adams
9. *Father's Occupation,* Cigar Merchant
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return L. L. Bitting M.D

Address. 467 W. Fayette St

Remarks. Informant Present. L. L. M. Att.

NY & CO., CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV. 6 7
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 2nd 1882
4. *Place of Birth (Street and Number)* 598 N Lombard St
5. *Full Name of Mother* Nora Scott
6. *Mother's Maiden Name* Nora Scott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E Scott
9. *Father's Occupation* Lineman
10. *Father's Birthplace* Ellicott City Md

Name of Medical Attendant, or other Person who makes this Return. Dr A White M D

Address 113 Lanvatton Ave

Remarks

RETURN OF A BIRTH

59-314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 4 1932
BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2nd 1887

4. Place of Birth, (Street and Number) 202 Mosher St

5. Full Name of Mother. Carrie Ezell

6. Mother's Maiden Name, Carrie M. McKenly

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Ezell

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Reydon Cook MD

Address, 140 Hanover St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19-315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 2 cd. 1882.
4. *Place of Birth, (Street and Number)*	204 E. Madison St.
5. *Full Name of Mother,*	E. Eigenberg
6. *Mother's Maiden Name,*	L. Specht.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	J. Eigenberg
9. *Father's Occupation,*	Confectioner
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	M. A. Bull.
Address,	No 185 S. E. cor. Central av. & Monument St.
Remarks,	All Well

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	5th Child
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Nov. 24 82
4. *Place of Birth*, (*Street and Number*)	between Hennrietten and Hamburg St.
5. *Full Name of Mother*,	Lina Henger
6. *Mother's Maiden Name*,	Schaefer
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Johann Henger
9. *Father's Occupation*,	Printer
10. *Father's Birthplace*,	Preussen
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Nirok
Address,	wfo 328 S. Eutaw St.
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1332

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 2nd 1882
4. *Place of Birth, (Street and Number)*	# Allegania St
5. *Full Name of Mother,*	Mary Winterling
6. *Mother's Maiden Name,*	Seelberger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Winterling
9. *Father's Occupation,*	Ladder
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Kropf
Address,	236 Eastern Ave
Remarks,	

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 17318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 2nd 92
4. Place of Birth, (Street and Number) 356 Stricker St.
5. Full Name of Mother, Charlotte C. Benedict
6. Mother's Maiden Name, Charlotte C. Stedman
7. Mother's Birthplace, England
8. Full Name of Father, Henry Benedict
9. Father's Occupation, Painter
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Dr Miller

Address, 189 Hamilton St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 12 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 2d 1882
4. *Place of Birth, (Street and Number)* No 291 Boston st
5. *Full Name of Mother,* Connie Kelly
6. *Mother's Maiden Name,* " Meister
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Charles Kelly
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address, 122 Baltimore st

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59320

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 2nd 1882 11 P.M.
4. *Place of Birth, (Street and Number)* Maternite Hospt 161 W Lombard
5. *Full Name of Mother,* Annie Wimpigler
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Maryland U.S.A.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return W P M Lutosh Res Phys

Address, Maternite Hospt 161 W Lombard

Remarks, Illegitimate

...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2 - 1 am 1882
4. Place of Birth, (Street and Number) Maternite Hospt 161 W Lombard
5. Full Name of Mother, Mary Barnette
6. Mother's Maiden Name, do
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W P McIntosh Res Phys

Address, Maternite Hospt. 161 W Lombard St

Remarks, Illegitimate -

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19522

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 3th 1882
4. *Place of Birth, (Street and Number)* 224 Cookson St Locust Point
5. *Full Name of Mother,* Kate Roach
6. *Mother's Maiden Name,* Kate Knox
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Roach
9. *Father's Occupation,* Taberer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ellel

Address, No 13 Cuba St Locust Point

Remarks, Baltimore

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

17-333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Coulard
3. *Date of Birth*	Friday November 3
4. *Place of Birth (Street and Number)*	Baltimore No 19 Leader Row
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Miss Mary Selina Duckett
7. *Mother's Birthplace*	Owings Mills Baltimore Co. Md
8. *Full Name of Father*	[illegible]
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Sarah Smithers
Address	No 35 Little George Street
Remarks	

NOV 10 1892 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. S9324

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1892 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 3d
4. Place of Birth (Street and Number)	106 Argyle av
5. Full Name of Mother	Anna L.
6. Mother's Maiden Name	Sanders
7. Mother's Birthplace	Cambridge md
8. Full Name of Father	George Hush
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	L Hillmantel
Address	137 W Fayette
Remarks	

RETURN OF A BIRTH

57325

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children, shall report to the Registrar aforesaid,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday, November (3rd) 1882
4. *Place of Birth, (Street and Number)* No. 211 N. Bond Street
5. *Full Name of Mother,* Mrs. Charlotte Catharine Thompson
6. *Mother's Maiden Name,* Miss Charlotte C. Darr
7. *Mother's Birthplace,* Kent Co. Maryland
8. *Full Name of Father,* Mr. Charles A. Thompson
9. *Father's Occupation,* Ice Dealer
10. *Father's Birthplace,* Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendinen M.D.

Address, No. 102 North Broadway

Remarks,

Wm. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November third
4. *Place of Birth, (Street and Number)* 95 Poppleton street
5. *Full Name of Mother,* Mrs Anna Hucksoll
6. *Mother's Maiden Name,* Miss Anna Halsloop
7. *Mother's Birthplace,* Hanover
8. *Full Name of Father,* August Hucksoll
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Sadler

Address, No 4 New st

Remarks,

...on the parents, and the maiden name of the mother of such child or children.

...IET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 6-9-85

RETURN OF A BIRTH

59327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Edward James Starks

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colered
3. Date of Birth, nov the 3 1882
4. Place of Birth, (Street and Number) Baltimore Saint mary St No 50
5. Full Name of Mother, Josephine Starks
6. Mother's Maiden Name, Bowser
7. Mother's Birthplace, Fredrick co md
8. Full Name of Father, Isaac Starks
9. Father's Occupation, Laborer
10. Father's Birthplace, Richmond va

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address. 83 Oxford St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, november 3 d

4. Place of Birth, (Street and Number) 433 cross st

5. Full Name of Mother, levia an adams

6. Mother's Maiden Name, levia an parker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, august adams

9. Father's Occupation, labour

10. [redacted]ather's Birthplace, cambridge md

Name of Medical Attendant, or other Person who makes this Return mrs Lydia porter

Address, no 4 patapsco avenue

Remarks, healthy child

of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 59329

o the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1892 BALTIMORE

hild of Mother, (state whether 1st, 2d, 3d, &c.)	2d
tate whether male or female)	Male
or Color, (if not of the white race)	white race
f Birth	November the 3d
of Birth, (Street and Number)	Baltimore William St No 362
Name of Mother	Susey Dulaney
's Maiden Name	Susey Comaway
's Birthplace	Baltimore
ame of Father	philip Dulaney
s Occupation	labour
s Birthplace	Baltimore
f Medical Attendant, or other Person who makes this Return.	Elizabeth Hathorn
s	William St No 394
ks	

RETURN OF A BIRTH.

17330

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 8 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 3rd November
4. *Place of Birth (Street and Number)* 19 Hern Street
5. *Full Name of Mother* Rosie Jones
6. *Mother's Maiden Name* Rosie Fenlain
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Rodney Jones
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Thos J Timms

Address 240 E. Broadway

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

names of children
1. Riggin Buckler Jr
2. Frances Lawrason Buckler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male & female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 3rd
4. *Place of Birth, (Street and Number)*	135 N Charles St
5. *Full Name of Mother,*	Alice Lawrason Buckler
6. *Mother's Maiden Name,*	Riggs
7. *Mother's Birthplace,*	St Louis. Mo.
8. *Full Name of Father,*	Riggin Buckler
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler MD
Address, 135 N Charles	
Remarks,	

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

ET, PRINTER & STATIONER, BALT.

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

19332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 3rd
4. *Place of Birth (Street and Number)* 325 Mosher Street
5. *Full Name of Mother* Mary Bealmear
6. *Mother's Maiden Name* Mary Robinson
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* James R Bealmear
9. *Father's Occupation* Real Estate Agt.
10. *Father's Birthplace* Maryland.

Name of Medical Attendant, or other Person who makes this Return. Frank McGuman M.D.

Address 187 Saratoga St

Remarks

RETURN OF A BIRTH 19333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th Child
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Nov 3 rd 1882
4. *Place of Birth*, (*Street and Number*)	No 166 William st.
5. *Full Name of Mother*,	Mathilde Luba
6. *Mother's Maiden Name*,	Scheppaik
7. *Mother's Birthplace*,	America
8. *Full Name of Father*,	John Luba
9. *Father's Occupation*,	Baker
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	A. Schwassek midwife
Address,	330 Hanover st.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 3 rd 1882
4. Place of Birth, (Street and Number)	No. 327 S. Charles st.
5. Full Name of Mother,	Anna Gerhardt
6. Mother's Maiden Name,	Imhof
7. Mother's Birthplace,	America
8. Full Name of Father,	Joseph Gerhardt
9. Father's Occupation,	Shoemaker
[redacted] Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwasser midwife
Address,	330 Hanover st
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59335

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 14 1882

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Twines Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 3d 1882
4. Place of Birth, (Street and Number) No 51 President st
5. Full Name of Mother, Pasqueniny Paschella
6. Mother's Maiden Name, Pasqueniny Criva
7. Mother's Birthplace, Italy
8. Full Name of Father, John Paschella
9. Father's Occupation, Laborer
10. [illegible]ather's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address, 182 E Monument st

Remarks,

[illegible]ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 3d 1882

4. Place of Birth, (Street and Number) No 224 N Chestnut St

5. Full Name of Mother, Mary Ward

6. Mother's Maiden Name, Mary Eagan

7. Mother's Birthplace, Balto

8. Full Name of Father, Michael Ward

9. Father's Occupation, Labour

10. [redacted]ather's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Dena Hilleary

Address, 132 E Monument St

Remarks,

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 59337

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 20 2 1882 BALTIMORE

name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	November 3/82
4. *Place of Birth, (Street and Number)*	No. 4 S. Paca St.
5. *Full Name of Mother*	Annie M. ~~Schultz~~ Blume Schultz.
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Henry J. Blume
9. *Father's Occupation*	Barber
Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	Face Presentation; forceps delivery.

RETURN OF A BIRTH 59338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 3rd/82
4. *Place of Birth, (Street and Number)* No 5. Leaden hall St
5. *Full Name of Mother,* Sophia Klingmeyer.
6. *Mother's Maiden Name,* Sophia. Volz
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Klingmeyer
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Münch

Address, No 1 Leaden hall St.

Remarks,

"... the maiden name of the mother of such child or children."

...TY PRINTERS AND STAYIONERS

RETURN OF A BIRTH 17339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2dnd.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Friday, Nov. 3rd 1882
4. Place of Birth, (Street and Number)	177 E. Madison St.
5. Full Name of Mother,	Anna Manning
6. Mother's Maiden Name,	Anna Collopy
7. Mother's Birthplace,	Lockport New York
8. Full Name of Father,	Edward Manning
9. Father's Occupation,	An employee of The "Brush Electric Light Co"
10. Father's Birthplace,	Boston, Mass.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25½ Greenmount Ave.
Remarks,	

"...the mother of such child or children."

...Y PRINTERS AND STATIONERS

30

RETURN OF A BIRTH

59340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 30 1882
4. Place of Birth, (Street and Number) 39. Stockton St
5. Full Name of Mother, Mary A. Hughes
6. Mother's Maiden Name, " " McCarty
7. Mother's Birthplace, Md
8. Full Name of Father, Henry J Hughes
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Ireland —

Name of Medical Attendant, or other Person who makes this Return

Address, Geo H Erphi MD

Remarks, #1 Waverly Terrace

... physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1882

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 3 1882

4. Place of Birth, (Street and Number) 135 Druid Hill Ave

5. Full Name of Mother, Mary Anna La Flum

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Allen E La Flum

9. Father's Occupation, Brass Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return C. C. Williams

Address, 201 Madison Ave

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 17342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 3d 1892
4. Place of Birth, (Street and Number) 135 S Spring St.
5. Full Name of Mother, Barbara Bodler
6. Mother's Maiden Name, " Bargert
7. Mother's Birthplace, City
8. Full Name of Father, Ernst Doeller
9. Father's Occupation, Carpenter
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Butz

Address, 120 S Bank St.

Remarks,

...

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19343

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. Sex, (state whether male or female)	Boy.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Friday, Nov. 3rd. 1882.
4. Place of Birth, (Street and Number)	29 Ensor St.
5. Full Name of Mother,	Isabella Collins.
6. Mother's Maiden Name,	Isabella Hilz.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Charles Collins.
9. Father's Occupation,	Paper Carrier.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton. M.D.
Address,	25 ½ Greenmount Ave
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19344

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 3rd 1882
4. Place of Birth, (Street and Number) Maternite Hospt 161 W Lombard
5. Full Name of Mother, Lizzie Cooper
6. Mother's Maiden Name, do
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W R McIntosh Res Phys

Address, Maternite Hospt 161 W Lombard

Remarks, Illegitimate

PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19345

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Nov 6th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 4th 1882
4. Place of Birth, (Street and Number) 13 Bradford Ally
5. Full Name of Mother, Katie Mehring
6. Mother's Maiden Name, Katie Eisenhauer
7. Mother's Birthplace, America
8. Full Name of Father, Michael Mehring
9. Father's Occupation, Labor
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 137 South Wolf St.

Remarks, H

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 4th of November 1882.
4. *Place of Birth, (Street and Number)* Blair road Baltimore county
5. *Full Name of Mother,* Hellen Yahn.
6. *Mother's Maiden Name,* Hellen. Harence.
7. *Mother's Birthplace,* Pennslvenea.
8. *Full Name of Father,* Willeam Harence.
9. *Father's Occupation,* Farmer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chappel street per Justina Kunkel

Remarks, Healthy.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

19347

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th of November
4. Place of Birth, (Street and Number) 284 Alicanna St.
5. Full Name of Mother, Julia Windesheim
6. Mother's Maiden Name, Julia Lehmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Windesheim
9. Father's Occupation, Lucy Store
10. Father's Birthplace, Hetzebruck Germany

Name of Medical Attendant, or other Person who makes this Return Louise Reich Gebauer

Address, No. 28 N. Lorraine Str. L.M.

Remarks,

PRINTERS AND STATIONERS

HEALTH DEPARTMENT NOV 10 1892 BALTIMORE

RETURN OF A BIRTH 59348

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 4th 1882
4. *Place of Birth, (Street and Number)* 180 E Monument st
5. *Full Name of Mother,* Rose Henley
6. *Mother's Maiden Name,* Rose Finch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Oscar Henley
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address, 182 E Monument st

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th Nov. 1882
4. Place of Birth, (Street and Number) Balto. Dallas st. No 211
5. Full Name of Mother, Mary Velemovsky
6. Mother's Maiden Name, Mary Beran
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos. Velemovsky
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kaplish

Address, 89 No. Washington St

Remarks,

M. Kaplish

NOV 13 1882 BALTIMORE

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Nov 1892
4. Place of Birth, (Street and Number) Balto Washington st No 110
5. Full Name of Mother, A. Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Jos. Miller
9. Father's Occupation, Laborer
10. [redacted]ather's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kalitsch

Address, 69 N. Washington st

Remarks, Mary Kalitsch

NOV 13 1892 BALTIMORE

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 12 1932 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex* (state whether Male or Female)	~~Female~~ Boy
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov the Fourth
4. *Place of Birth* (Street and Number)	1 Chesterfield Ave 53
5. *Full Name of Mother*	Jennie Boyd
6. *Mother's Maiden Name*	Bissoon
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Amos E Boyd
9. *Father's Occupation*	Engineman
10. *Father's Birthplace*	Calvert Co Md
Name of Medical Attendant, or other Person who makes this Return.	M A Davenport
Address	194 Gough St
Remarks	Mother & Babe doing well up to Date Nov 8th

RETURN OF A BIRTH 19382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) Colard
3. *Date of Birth,* Nov 11 1882
4. *Place of Birth,* (*Street and Number*) dallas st nr 122
5. *Full Name of Mother,* Henriter daniels
6. *Mother's Maiden Name,* Henriter downing
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* William daniels
9. *Father's Occupation,* Laborer ~~Baltimore city~~
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return Annie Gordon

Address, 122 North dallas st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ds Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 4. 1882
4. *Place of Birth, (Street and Number)* N. Front St. No 119.
5. *Full Name of Mother,* Anna Walther
6. *Mother's Maiden Name,* Anna Thieme
7. *Mother's Birthplace,* Reichenberg. K. K. Oesterreich. Europa
8. *Full Name of Father,* Wilhelm Walther
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Weikertsheim. K. Wurtemberg. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Light complexion
3. *Date of Birth,* November 4th 1882
4. *Place of Birth, (Street and Number)* No 5 Ross St
5. *Full Name of Mother,* Sarah Williams
6. *Mother's Maiden Name,* " Merritts
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm Williams
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 1393 SS

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 4th 1892
4. Place of Birth, (Street and Number)	No 91 Lee St.
5. Full Name of Mother,	Cartrine Schmidt
6. Mother's Maiden Name,	Grasbinder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Adam Schmidt
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Virow
Address,	No 328 S. Eutaw St.
Remarks,	

NOV 22 1892

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59356

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 4 1882
4. *Place of Birth, (Street and Number)* 115 E Lombd
5. *Full Name of Mother,* Ziperah Hartefendis
6. *Mother's Maiden Name,* The Same
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Samuel Hartefendis
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Belgium

Name of Medical Attendant, or other Person who makes this Return. A R Arnold M D

Address,

Remarks,

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 4th 1882
4. *Place of Birth, (Street and Number)*	548 South Charles St
5. *Full Name of Mother,*	Mamie Airey
6. *Mother's Maiden Name,*	Mamie Laramour
7. *Mother's Birthplace,*	Queen Ann Co Md
8. *Full Name of Father,*	John P. Airey
9. *Father's Occupation,*	Boiler Maker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	140 Hanover St
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 32d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 4 1882

4. Place of Birth, (Street and Number) No 151 S Eden

5. Full Name of Mother Helen Ellis Caroline st

6. Mother's Maiden Name, Baltimore Schnesna

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Ellis

9. Father's Occupation, Bevedore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55 S Bond st

Remarks,

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

Y PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 17358

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3rd

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, Nov 4th 1882

4. *Place of Birth*, (*Street and Number*) No 151 N Caroline st

5. *Full Name of Mother* Helen Ellis

6. *Mother's Maiden Name*, Schnesna

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Henry Ellis

9. *Father's Occupation*, Stevedore

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzloe

Address, No. 56 S Bond st

Remarks,

Y PRINTERS AND STATIONERS

16

RETURN OF A BIRTH 59359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th Nov. 1882
4. *Place of Birth, (Street and Number)* Balto & Jefferson st No 270
5. *Full Name of Mother,* Mary Vitak
6. *Mother's Maiden Name,* Mary Olima
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Vitak
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Katinek

Address, 69 N. Washington st

Remarks,

Mary Katinek

PRINTERS AND STATIONERS

RETURN OF A BIRTH

9360

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 4th 1882
4. Place of Birth, (Street and Number) No 256 Sharp st.
5. Full Name of Mother, Anna Kaan Heckmann
6. Mother's Maiden Name, American
7. Mother's Birthplace, Louis Kaan
8. Full Name of Father, Jewelry maker
9. Father's Occupation, Germany
10. Father's Birthplace, Lohmeyer midwife
Name of Medical Attendant, 330 Hanover st.
Address,
Remarks,

or other Person who makes this Return

PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

59360

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 4th 1882
4. Place of Birth, (Street and Number)	No 256 Sharp st.
5. Full Name of Mother,	Anna Loop
6. Mother's Maiden Name,	Heckmann
7. Mother's Birthplace,	America
8. Full Name of Father,	Louis Loop
9. Father's Occupation,	Jewelry maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Johnvasser midwife
Address,	330 Hanover st.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 9361

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 98 Arlington Av.
4. *Place of Birth, (Street and Number)* November 4 1882
5. *Full Name of Mother,* Minnie Warfield
6. *Mother's Maiden Name,* Minnie Stevens
7. *Mother's Birthplace,* D. C.
8. *Full Name of Father,* L. G. Warfield
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* Howard Co., Md.

Name of Medical Attendant, or other Person who makes this Return S. W. Miltenberger

Address, 121 W. Monument

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 4 82
4. *Place of Birth, (Street and Number)* N. Wolfstr No. 119
5. *Full Name of Mother,* Marie Leimbufler
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Martin Leimbufler
9. *Father's Occupation,* Schuhmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Bernbach

Address, S. Wolfstr 14

Remarks,

DEC 4 1882

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 4 6

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 4. 1882
4. *Place of Birth, (Street and Number)* Fountry str No 43
5. *Full Name of Mother,* Katharine Lang
6. *Mother's Maiden Name,* Betz
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Michael Lang
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Rauboch

Address, S. Wolfstr No 14

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 17364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 10 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th November 1882
4. Place of Birth, (Street and Number) Corner of Beason & Lewman St
5. Full Name of Mother, Sarah Louisa Deegan
6. Mother's Maiden Name, Sarah Louisa Walker
7. Mother's Birthplace, New York
8. Full Name of Father, Bernard Deegan
9. Father's Occupation, Stillman in the Cole Oil factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Jno Ettel

Address, No 13 Cuba St Locust Baltimore Point

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 17365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1892 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex,* (state whether male or female)	female
2. *Race or Color,* (if not of the white race)	white
3. *Date of Birth,*	Nov. 5 1892
4. *Place of Birth,* (Street and Number)	181 Presstman
5. *Full Name of Mother,*	Sophia E. Gettier
6. *Mother's Maiden Name,*	Daily
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Frank E. Gettier
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	431 Penna. Ave.
Remarks,	

PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 17366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 9 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored (negro)

3. Date of Birth Nov. 5th 1882

4. Place of Birth (Street and Number) No. 8 Greenwillow Ct.

5. Full Name of Mother Fanny Tarlar

6. Mother's Maiden Name " Spencer

7. Mother's Birthplace Balto. City

8. Full Name of Father Lewis Spencer

9. Father's Occupation Drayman

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH 59367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 14 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 5th 1882
4. *Place of Birth, (Street and Number)* No 12th ~~[illegible]~~ Park Ave
5. *Full Name of Mother,* Annie Montgomery
6. *Mother's Maiden Name,* Annie Du Lingel
7. *Mother's Birthplace,* Balto —
8. *Full Name of Father,* John Montgomery
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address, 182 E Monument St

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 5. 1882

4. Place of Birth, (Street and Number) 145 N Wolfe St

5. Full Name of Mother Sarah E Harris

6. Mother's Maiden Name, Pentz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John M Harris

9. Father's Occupation, Shipjoiner

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Arndt

Address, 286 N Donagh St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59369

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 5th 1882
4. Place of Birth (Street and Number) N.E. Cor. of Eden & Preston Sts
5. Full Name of Mother Sarah G. ~~Sweeting~~ Packham "
6. Mother's Maiden Name Sarah G. Sweeting
7. Mother's Birthplace Baltimore City
8. Full Name of Father Lewis Packham
9. Father's Occupation Merchant
10. Father's Birthplace St Lewis

Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address 437 N. Central ave.

Remarks

born, is of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 5
4. *Place of Birth, (Street and Number)*	279 N Eden st
5. *Full Name of Mother,*	Mary Jo Jolly
6. *Mother's Maiden Name,*	Mary Jane Harryman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Jolly
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Isabella Oliver
Address,	227 E Monument st
Remarks,	

LANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19244

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 5th 1882
4. *Place of Birth, (Street and Number)* No 217 W. Lombard St
5. *Full Name of Mother,* Amelia Hecht
6. *Mother's Maiden Name,* " Roswald
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Hecht
9. *Father's Occupation,* Manufacturer.
10. *Father's Birthplace,* Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Pembroke Mr. Womble Mrs.

Address, No 205 W. Lombard St.

Remarks,

IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

19372

DEC. 29

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 5th
4. *Place of Birth (Street and Number)*	332 William St
5. *Full Name of Mother*	Sarah E. Jenkins
6. *Mother's Maiden Name*	" " Topping
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	William L. Jenkins
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	L. C. Bush M.D.
Address	151 Hanover St
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH

19373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November the 5th 1882
4. *Place of Birth, (Street and Number)*	Baltimore St No 909
5. *Full Name of Mother,*	Rebecca
6. *Mother's Maiden Name,*	Levinson
7. *Mother's Birthplace,*	Polen Russia
8. *Full Name of Father,*	Lowis Cohen
9. *Father's Occupation,*	Merchant Tailoring
10. *Father's Birthplace,*	Polen Russia
Name of Medical Attendant, or other Person who makes this Return	Mrs Dumbler
Address,	No 60 Schroeder St.
Remarks,	

"... of the parents, and the maiden name of the mother of such child or children."

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19374

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 5th Nov. 1882
4. *Place of Birth*, (*Street and Number*) Balto Washington st No 111
5. *Full Name of Mother*, Mary Rudolph
6. *Mother's Maiden Name*, Mary Shafer
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, John Rudolph
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Roetsch

Address, 69 N Washington st

Remarks, Mary Roetsch

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd Nov 1882
4. Place of Birth, (Street and Number) Balto. Chapel at No 153
5. Full Name of Mother, Mrs Pillar
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Pillar
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Roffith

Address, 69 N Washington st

Remarks, Mary Roffith

NOV 13 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19-376

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 5th 1892
4. *Place of Birth, (Street and Number)*	55 Bruen St
5. *Full Name of Mother,*	Sarah Merchant
6. *Mother's Maiden Name,*	Sarah Dolan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Merchant
9. *Father's Occupation,*	Iron Moulder
10. *Father's Birthplace,*	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return	Silas N. Hunter M.D.
Address,	36 Greenmount Ave,
Remarks,	

NOV 14 1892 BALTIMORE

[redacted] & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59377

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 5, 1882
4. Place of Birth, (Street and Number) Canton Av. No 255.
5. Full Name of Mother, Mary Wiessner
6. Mother's Maiden Name, Mary Bremer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Friedrich Wiessner
9. Father's Occupation, Type Setter
10. Mother's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Mallas

Address, N. Dallas A. No 26

Remarks,

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 5, 1882
4. *Place of Birth, (Street and Number)* N. Caroline St. No. 20.
5. *Full Name of Mother,* Anna Edelmann
6. *Mother's Maiden Name,* Anna Visch
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Charles Edelmann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No. 26.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59379

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 14 Nov. 1882

4. Place of Birth (Street and Number) No 5 McC Mccubbin st

5. Full Name of Mother Francis Wesley

6. Mother's Maiden Name Wesley

7. Mother's Birthplace B. Balto City

8. Full Name of Father Tilghman Henry

9. Father's Occupation Oyster Shucker

10. Father's Birthplace Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. Francis Anderson

Address 30 Mccubbin st

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57380

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 5th 1882
4. *Place of Birth (Street and Number)* 161 Pennsylvania ave
5. *Full Name of Mother* Emma Kate Leide
6. *Mother's Maiden Name* " " Bowers
7. *Mother's Birthplace* Carroll County Maryland
8. *Full Name of Father* William B. Leise
9. *Father's Occupation* Conductor on street Cars
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gilbourne, M. D.

Address 47 Edmondson ave

Remarks

RETURN OF A BIRTH 19381

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 6 7 1932 BALTIMORE

[redacted] of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2 Cd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 of November
4. Place of Birth, (Street and Number) 526 Sharpford Ave
5. Full Name of Mother. Carrs Carroll
6. Mother's Maiden Name. Carrs Ghall
7. Mother's Birthplace, New York
8. Full Name of Father. John Carroll
9. Father's Occupation, Plaster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Jane E Barlow

Address, 386 Sharpford Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born. its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 25 "

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Nov 8 th 1888

4. *Place of Birth* (Street and Number) 35 N Calvert

5. *Full Name of Mother* Fannie B. Bartholow

6. *Mother's Maiden Name* " Bowden

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Wm Bartholow

9. *Father's Occupation*

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B. Reynolds

Address 171 N. Calvert

Remarks

RETURN OF A BIRTH 19383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 5th 1882

4. Place of Birth, (Street and Number) 118 Pine St

5. Full Name of Mother Helen M. Lewis

6. Mother's Maiden Name, Helen M. Conley

7. Mother's Birthplace, Bucks Md

8. Full Name of Father, Henry B. Lewis

9. Father's Occupation, Clerk

10. Father's Birthplace, Bucks Md

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Lindner

Address, 451 Monroe St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 1384

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 8th

4. *Place of Birth, (Street and Number)* 115 S. Wolfe st.

5. *Full Name of Mother,* Annie Catherine Gardner

6. *Mother's Maiden Name,* Hazelbaker

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Anthony Peter Gardner

9. *Father's Occupation,* Cigar Packer

10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other Person who makes this Return. E. J. Bond M.D.

Address, 825 E. Baltimore St.

Remarks,

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59385

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 nov 92
4. Place of Birth, (Street and Number) 238 Hamburg St
5. Full Name of Mother, Hake Knaus
6. Mother's Maiden Name, Hake Raum
7. Mother's Birthplace, German
8. Full Name of Father, John Knaus
9. Father's Occupation, Leben Hand
10. Father's Birthplace, German

Name of Medical Attendant, or other Person who makes this Return Käth Münch

Address, 1 Leadenhall St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 5 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 5 82
4. Place of Birth, (Street and Number) Gouf str No 232
5. Full Name of Mother, Britschat Heu
6. Mother's Maiden Name, Lanz
7. Mother's Birthplace, Michigam
8. Full Name of Father, Jakob Heu
9. Father's Occupation, Lebner
10. Father's Birthplace, Lau Eiland

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Baubach

Address, P. Wolf str No. 14

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2cd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 5th 1882
4. *Place of Birth, (Street and Number)*	#145 S. Exeter St
5. *Full Name of Mother,*	Mary Dagon
6. *Mother's Maiden Name,*	Hardiger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Dagon
9. *Father's Occupation,*	Cooper
● *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Bouton Ave
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Fe Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5th. 1882.
4. Place of Birth, (Street and Number) No. 17 Little McEldery St.
5. Full Name of Mother, Margretha Holzshoer
6. Mother's Maiden Name, Margretha Knornshield
7. Mother's Birthplace, Germany
8. Full Name of Father, Philip Holzshoer
9. Father's Occupation, Schoemaker
10. Father's Birthplace. Germany

Name of Medical Attendant, or other Person who makes this Return M. A. Beeld.

Address, No. 185. S.E. cor. Centrel av. & Monument St.

Remarks, All Well

DEC 2 1882

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Coloured
3. Date of Birth, November 6th 1882
4. Place of Birth, (Street and Number) No 135 Lemmon Alley
5. Full Name of Mother, Charlotte Bumphery
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Bumphery
9. Father's Occupation, Labour
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy alley

Remarks,

HEALTH DEPT. NOV 10 1882 BALTIMORE

LANY & CO., CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 19390

13

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* November 6th 1882
4. *Place of Birth* (Street and Number) 467 W. Lombard St
5. *Full Name of Mother* Susan Jane Galloway
6. *Mother's Maiden Name* Susan Jane Smith
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Charles B. Galloway
9. *Father's Occupation* Railroad Engineer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. Shriver M.D.

Address 41 N. Carey St

Remarks (Natural labor)

RETURN OF A BIRTH 87391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6 1882 10 am
4. Place of Birth, (Street and Number) Maternite Hospt. 161 W Lombard
5. Full Name of Mother, Mrs Lunkenheimer
6. Mother's Maiden Name, unknown
7. Mother's Birthplace, New York
8. Full Name of Father, Lunkenheimer
9. Father's Occupation, Mfr
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return H. P. M. Leach M.D.

Address, 161 W. Lombard St Balto

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* 6 of November
4. *Place of Birth, (Street and Number)* Baltimore Chester St. No. 72
5. *Full Name of Mother,* Emma J. Crawford
6. *Mother's Maiden Name,* Emma J. Hawlard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William J. C. Crawford
9. *Father's Occupation,* Brick layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, McHenry st extended

Remarks,

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 6
4. *Place of Birth, (Street and Number)* No 7 Ord Allia
5. *Full Name of Mother,* Mahala Purnell
6. *Mother's Maiden Name,* Mahala Purnell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* no account of the father
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Dear Walker

Address, No 15 Dunkirk Allia

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19394

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of November 1882
4. Place of Birth, (Street and Number) First Ward Canton
5. Full Name of Mother Susan Stewart
6. Mother's Maiden Name, Copper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Stewart
9. Father's Occupation, Sailor
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley

Address, No 12 Patterson Park Ave

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17395

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 15 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race ~~or Color, (if not of the~~ white race)
3. Date of Birth, Nov. 6th "
4. Place of Birth, (Street and Number) 252. E. Pratt St
5. Full Name of Mother, Louisa Stindle
6. Mother's Maiden Name, Louisa Baumeister
7. Mother's Birthplace, City
8. Full Name of Father, Andrew Stindle
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Wm H Barkman

Address, No 1 Fairmount Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

J. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 6th 1882
4. Place of Birth, (Street and Number)	36 Saratoga St
5. Full Name of Mother,	Mollie Culbertson
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Wesley Whittaker
9. Father's Occupation,	Has none
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Silas W Hunter MD
Address,	36 Greenmount Ave
Remarks,	

"... and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 8 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 6th 1882
4. Place of Birth, (Street and Number) Maternite Hosp. 161 W. Lombard St
5. Full Name of Mother, Mary Johnson.
6. Mother's Maiden Name, Mary Cole.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward Johnson
9. Father's Occupation, Laborer on farm
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return W. Page McIntosh

Address, Maternite Hosp. Res. Physician

Remarks, 161 W. Lombard St.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 6 Novem.
4. *Place of Birth, (Street and Number)* No. 254 Central
5. *Full Name of Mother,* Barbara Strauch
6. *Mother's Maiden Name,* Barbara Strauch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Strauch
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 173 Harpravenne

Remarks, 1882 Md.

[illegible] of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 6th 1892
4. Place of Birth, (Street and Number)	348 S. Charles st
5. Full Name of Mother,	Alice Wright
6. Mother's Maiden Name,	Alice Wilhide
7. Mother's Birthplace,	Frederick Md
8. Full Name of Father,	Robt Wright
9. Father's Occupation,	Drayman
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	146 Hanover st
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59400

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6th 1882
4. Place of Birth, (Street and Number) No 67 S. Bond st
5. Full Name of Mother Barbara Jurgensen
6. Mother's Maiden Name, " " Killian
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Jurgensen
9. Father's Occupation, Clerk
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 56 S Bond st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59401

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	6 November
4. Place of Birth, (Street and Number)	13 Front street
5. Full Name of Mother,	Katie Kellerhan
6. Mother's Maiden Name,	Nutton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Patrick Kellerhan
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 24 1882

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	November 6th
4. Place of Birth, (Street and Number)	2 Ramsey Street
5. Full Name of Mother,	Catherine Wilson
6. Mother's Maiden Name,	Catherine Dunkley
7. Mother's Birthplace,	Northampton England
8. Full Name of Father,	James Wilson
9. Father's Occupation,	Shoe Maker
10. Father's Birthplace,	Northampton England
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 24 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 6th
4. Place of Birth, (Street and Number)	64 Cross St entended
5. Full Name of Mother,	Martha Reibert
6. Mother's Maiden Name,	Dittma
7. Mother's Birthplace,	German
8. Full Name of Father,	Henry Reibert
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Seebach
Address,	
Remarks,	

If the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19404

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 6th 1882
4. *Place of Birth, (Street and Number)* Baltimore 2 1/2 G Mount st
5. *Full Name of Mother,* Annie M Sullivan
6. *Mother's Maiden Name,* Annie M Sitts
7. *Mother's Birthplace,* Savannah Ga
8. *Full Name of Father,* Patrick Sullivan
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Winchester Virginia

Name of Medical Attendant, or other Person who makes this Return N. Dunton

Address, No 60 Schroeder St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

...17 PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-11-49

RETURN OF A BIRTH 19405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 23 1882 BALTIMORE

Name: Vida Langtry Sibley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* Nov. 6th 1882,
4. *Place of Birth, (Street and Number)* 724 W. Pratt St.
5. *Full Name of Mother,* Catherine Sibley
6. *Mother's Maiden Name,* Thorn,
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Samuel Sibley,
9. *Father's Occupation,* Feed Dealer.
10. *Father's Birthplace,* Washington, D.C.

Name of Medical Attendant, or other Person who makes this Return. John W. White, M.D.

Address, 342 N. Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

59406

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	African
3. Date of Birth	November 6th 1882
4. Place of Birth (Street and Number)	No. 142 N. Dallas St
5. Full Name of Mother	Sarah Brown
6. Mother's Maiden Name	Sarah Henson
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Isaiah Brown
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Annarundee Co Md
Name of Medical Attendant, or other Person who makes this Return.	Whitfield Winsey M.D.
Address	1156 E. Fayette Street
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59407

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 6. 82.
4. *Place of Birth, (Street and Number)* S. Warschingtonstr No 138
5. *Full Name of Mother,* Franziska Bauer
6. *Mother's Maiden Name,* Preiss
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Bauer
9. *Father's Occupation,* Schepkarpenter
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolfstr 14

Remarks,

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	12t.
1. [redacted]*x*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	November 6th 1882.
4. *Place of Birth*, (*Street and Number*)	No. 329. N. Central av.
5. *Full Name of Mother*,	Eva Dieterich.
6. *Mother's Maiden Name*,	Eva Fisher
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	Fritz Dieterich
9. *Father's Occupation*,	Tailor.
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mo. M. Budd.
Address,	No. 185 S. E. cor Central av. & Monument St.
Remarks,	Well Well

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 59409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 7 — 1882
4. *Place of Birth, (Street and Number)*	No 254 Bathrew av.
5. *Full Name of Mother,*	Elisabeth Krug
6. *Mother's Maiden Name,*	Young
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Cristian Krug
9. *Father's Occupation,*	Coaltrimer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lohwasser midwife
Address,	390 Hanover st.
Remarks,	

...of the parents, and the maiden name of the mother of such child or children.

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5941A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Caucasian
3. *Date of Birth,*	Nov. 7 1882
4. *Place of Birth, (Street and Number)*	30 N. Front
5. *Full Name of Mother,*	Mary A. McGowan
6. *Mother's Maiden Name,*	" " Bunt
7. *Mother's Birthplace,*	N. Jersey
8. *Full Name of Father,*	Henry McGowan
9. *Father's Occupation,*	Restaurantur
10. *Father's Birthplace,*	Bulls. Co
Name of Medical Attendant, or other Person who makes this Return.	D. Stuart M.D.
Address,	1438 N. Eden St
Remarks,	forceps both doing well

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59411

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. November 8th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 7th 1882.
4. Place of Birth, (Street and Number) 7 Cambridge St
5. Full Name of Mother, Frederick D. Dehmann
6. Mother's Maiden Name, Frederick D. Willems
7. Mother's Birthplace, Germany
8. Full Name of Father, John Dehmann
9. Father's Occupation, Black Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, No. 137 Noble St.

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59412

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 7th

4. Place of Birth, (Street and Number) Laurel St 309

5. Full Name of Mother, ~~Celia E. Kelly~~ Douglas C. Kelly

6. Mother's Maiden Name, Celia E. Ahlers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Douglas C. Kelly

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr F W. Clark

Address, 180 Fulton Ave

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
NOV
1911
BALTIMORE

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Baltimore [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. [redacted]ther's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S 7414

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & 6 Child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th November 1882 8. P. M.
4. *Place of Birth (Street and Number)* 107 St Paul
5. *Full Name of Mother* Ellen Leonard
6. *Mother's Maiden Name* Ellen Kelley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Leonard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 299 E Balto St

Remarks

name of the mother of such child or children.

59415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 7. 3 45 A.M. 1882
4. *Place of Birth (Street and Number)* 278 S. Broadway
5. *Full Name of Mother* Mary Agnes Owens
6. *Mother's Maiden Name* Mary A. Riggins
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Owens
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E. Downille

Address 299 E Baltimore St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 19416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 7 1882
4. *Place of Birth, (Street and Number)*	470 E Chase st
5. *Full Name of Mother,*	Sarah E Hurley
6. *Mother's Maiden Name,*	Windsor
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	John L Hurley
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary A Miller
Address,	286 N Dorcas st
Remarks,	

NOV 15 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S 9417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* November 7 82
4. *Place of Birth* (Street and Number) 69 Market Place
5. *Full Name of Mother* ~~Mary Liebert~~ Mary Kloch
6. *Mother's Maiden Name* Mary Liebert
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Louis Kloch
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Louis C Horn M.D. [illegible]

Address 226 Mulberry St.

Remarks

RETURN OF A BIRTH 19418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 7th 1882
4. *Place of Birth, (Street and Number)*	328 Canton Avenue
5. *Full Name of Mother,*	Mrs Emma Heathcote
6. *Mother's Maiden Name,*	Miss Emma Andrews
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thaddeus Theodore Heathcote
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 65 Burke St.
Remarks,	Child's name - John Henry.

NOV 11 1882 BALTIMORE

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 9419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th of November 1882.
4. Place of Birth, (Street and Number) 362 East Orleans street.
5. Full Name of Mother, Mary Beck.
6. Mother's Maiden Name, Mary Waltheiser.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Killian Waltheiser.
9. Father's Occupation, Sadler.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel.

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 6th 1882
4. Place of Birth, (Street and Number)	No 166 Sharp st
5. Full Name of Mother,	Louise Lohrman
6. Mother's Maiden Name,	Sidmeyer
7. Mother's Birthplace,	America
8. Full Name of Father,	George Lohrman
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	C. Lohmann midwife
Address,	330 Hanover st
Remarks,	

NOV 1882

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59421

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 7 th 1882
4. Place of Birth, (Street and Number)	No 408 Hanover st
5. Full Name of Mother,	Friedricke Heck
6. Mother's Maiden Name,	Eversman
7. Mother's Birthplace,	America
8. Full Name of Father,	Charles Heck
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lohmann midwife
Address,	330 Hanover st.
Remarks,	

NOV 10 1882 BALTIMORE

TY PRINTERS AND STATIONERS

59422

HEALTH DEPARTMENT, NOV 13 1882 BALTIMORE, MD.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 7th 82
4. *Place of Birth (Street and Number)* 33 S Ann St.
5. *Full Name of Mother* Carrie Blomin Stein
6. *Mother's Maiden Name* Blomin
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Peter R. Stein
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J. B. Bullard MD

Address 57 S Broadway

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 7/82
4. Place of Birth, (Street and Number)	678 Lexington
5. Full Name of Mother,	Mariana V. S. Perkins
6. Mother's Maiden Name,	Vinton
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo H C Perkins
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	39 N. Caroly St
Remarks,	

of the parents, and the maiden name of the mother of such child or children.

KELLY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59424

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) ——

3. Date of Birth, Nov. 7th 1882 =

4. Place of Birth, (Street and Number) 286 Lanvale St.

5. Full Name of Mother, Mary Byrd.

6. Mother's Maiden Name, " Fletcher.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Jas. E. Byrd.

9. Father's Occupation, Treasurer, Md. Steamboat Co.

10. Father's Birthplace, Balto. Mer.

Name of Medical Attendant, or other Person who makes this Return R. J. H. Tall, M.D.

Address. 152 Sharp St.

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59425

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 14 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* ~~Colored~~ Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 7th November/52
4. *Place of Birth (Street and Number)* 17 Hillen St. City
5. *Full Name of Mother* Mary Hammond
6. *Mother's Maiden Name* Do
7. *Mother's Birthplace* Harford Co.
8. *Full Name of Father* John Wicks
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Loetitia Sloane Midwife

Address 409 North Gay St. City

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59426

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, November 7th 82
4. Place of Birth, (Street and Number) 110 E. Townsend St.
5. Full Name of Mother, Elizabeth S. Forney
6. Mother's Maiden Name, Elizabeth S. Nes
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Eli L. Forney
9. Father's Occupation, Grain Merchant

Father's Birthplace, Penna.

Name of Medical Attendant, or other Person who makes this Return J. Keller M.D.

Address, 188 Franklin St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 10 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 8th
4. Place of Birth, (Street and Number)	65 N Stricker
5. Full Name of Mother,	Anna Bradbun
6. Mother's Maiden Name,	" Leith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Bradbun
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	65 N Stricker
Name of Medical Attendant, or other Person who makes this Return	Geo H Ames M D.
Address,	S. W. Cor Pratt and Stricker
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59428

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~White~~ Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 8th 1882
4. *Place of Birth, (Street and Number)* 208, Cooksie st Locus, Point
5. *Full Name of Mother,* Mary Bangs
6. *Mother's Maiden Name,* Mary Coyne
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Henry, Winefred, Bangs
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No 13 Cuba St Locust Point Baltimore

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV. 9 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Nov. 7. 1892
4. *Place of Birth, (Street and Number)* 15 Halls Alley Balt. Md.
5. *Full Name of Mother,* Kate Johnson
6. *Mother's Maiden Name,* Kate Lockman
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Samuel Johnson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash,

Address, 107 Johnson St. Balt. Md.

Remarks,

...ENY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

No 430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 9 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, Nov. 8. 1882
4. Place of Birth, (Street and Number) No. 310 Light St. Balt. Md.
5. Full Name of Mother, Virginia Brookes.
6. Mother's Maiden Name, Virginia Hutchinson.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm. Brookes
9. Father's Occupation, Painter
10. Father's Birthplace, Beaufort. North Carolina.

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash.

Address, 107 Johnson St. Baltimore Md.

Remarks,

...NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* Nov, 8th/882
4. *Place of Birth,* (Street and Number) 65 Market Space
5. *Full Name of Mother,* Louisia Larosa
6. *Mother's Maiden Name,* " Quinia
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* Antonia Larosa
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. A Fragd Shartzer Md.

Address, 11 S High St

Remarks,

...ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 19432

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov. 8: 1882

4. Place of Birth (Street and Number) No 139 Carrollton Av.

5. Full Name of Mother Elizab. Annan

6. Mother's Maiden Name née Chancellor

7. Mother's Birthplace Virginia

8. Full Name of Father Robert Dean Annan

9. Father's Occupation Merchant

10. Father's Birthplace Maryland.

Name of Medical Attendant, or other Person who makes this Return. Christopher J. Boughton M.D.

Address No 82 Franklin St.

Remarks —

of the parents, and the maiden name of the mother of such child or children.

11

59433

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 8th 1882
4. Place of Birth (Street and Number) No. 9 South Calhoun St.
5. Full Name of Mother Susie R. Smith
6. Mother's Maiden Name " " Hall
7. Mother's Birthplace Baltimore — Maryland
8. Full Name of Father W. D. Smith
9. Father's Occupation Barber
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond M. D.

Address N. E. Cor. Calhoun and Hollins Streets.

Remarks Small — but well developed or formed — healthy.

"The report of this case was unintentionally overlooked J.R.H.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19431

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sex Record
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colard Race
3. Date of Birth	november 8
4. Place of Birth (Street and Number)	Barry Street 64
5. Full Name of Mother	Sarah Weaver
6. Mother's Maiden Name	Sarah Valling
7. Mother's Birthplace	Lancaster Virginia
8. Full Name of Father	Walter Weaver
9. Father's Occupation	Waiter
10. Father's Birthplace	Lancaster Virginia
Name of Medical Attendant, or other Person who makes this Return.	Catherine Dulany
Address	44 Walker St
Remarks	

RETURN OF A BIRTH, 1943

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* November the 6th 1892
4. *Place of Birth, (Street and Number)* No. 1944 East avenue
5. *Full Name of Mother* Sarah E Kraft
6. *Mother's Maiden Name* Sarah E. Huffman
7. *Mother's Birthplace* virginia
8. *Full Name of Father* Calvin Kraft
9. *Father's Occupation* Laborer
10. *Father's Birthplace* do

Name of Medical Attendant, or other Person who makes this Return. nurse & Coronal Mid wife

Address No 3 19 East Avenue

Remarks mother and child doing well

name of the mother of such child or children.

RETURN OF A BIRTH 59436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth or child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored child

3. *Date of Birth,* November 2

4. *Place of Birth, (Street and Number)* No 10 Bethel St south

5. *Full Name of Mother,* Martha Sanders

6. *Mother's Maiden Name,* Martha Parry

7. *Mother's Birthplace,* cambridge M D

8. *Full Name of Father,* Arthia Dead

9. *Father's Occupation,*

10. *Father's Birthplace,* cambridge M D

Name of Medical Attendant, or other Person who makes this Return Lady Walker

Address, no 15 Dunkens alia south

Remarks, Every Thing all Wright

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

800 59439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Helen Bueschel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th
4. *Place of Birth, (Street and Number)* W 39 0 Pennsylvania Ave
5. *Full Name of Mother,* Sarah Ann Bueschel
6. *Mother's Maiden Name,* " " Pope
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustave Bueschel
9. *Father's Occupation,* Grocer,
10. *Father's Birthplace,* Minden Prussia

Name of Medical Attendant, or other Person who makes this Return. Pembroke W. Wombles M.D.

Address, No 205 W Lombard

Remarks,

of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

59438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th & 9th

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* November 8th 1882
4. *Place of Birth* (Street and Number) No 9 S. Eden st
5. *Full Name of Mother* Jetta Landorf
6. *Mother's Maiden Name* Hirschberg
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Isaac Landorf
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. G. D. Winternitz M.D

Address 12 S. Eden st

Remarks

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov 8th 1882.
4. *Place of Birth, (Street and Number)* 1029th Cook st.
5. *Full Name of Mother,* Mary Meyberger.
6. *Mother's Maiden Name,* Mary Feaster.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Frank Meyberger.
9. *Father's Occupation,* Shoe Maker.
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Schmitt

Address, No 348 Penna Ave.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 19440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. [redacted], *(state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th Nov 1882
4. *Place of Birth, (Street and Number)* Balto Chapel st N 123
5. *Full Name of Mother,* Mary Novak
6. *Mother's Maiden Name,* Mary Heyek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Geo Novak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopisch

Address, 69 No Washington st

Remarks, Mary Kopisch

PRINTERS AND STATIONERS

RETURN OF A BIRTH

19441

NOV. 1 1892 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 8th
4. Place of Birth, (Street and Number)	254 Johnson St Baltimore City
5. Full Name of Mother,	Lizzie Barrett
6. Mother's Maiden Name,	Lizzie Roland
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Anthony Barrett
9. Father's Occupation,	Laborer
10. Mother's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	L. B. Facetti M.D
Address,	Fort Ave & Johnson St
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

9442

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 11 1882
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 8 1882
4. *Place of Birth (Street and Number)* No 542 South Charles St
5. *Full Name of Mother* Charlotte Redish
6. *Mother's Maiden Name* Ho Kelly
7. *Mother's Birthplace* Kent Co Md
8. *Full Name of Father* Jno. H. Redish
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. E Hunton

Address No 634 South Charles Street

Remarks

RETURN OF A BIRTH 9143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored Race
3. Date of Birth,	Nov 8 1892
4. Place of Birth, (Street and Number)	509 Mcculloh St
5. Full Name of Mother,	Maggie Jenkins
6. Mother's Maiden Name,	Maggie Hudson
7. Mother's Birthplace,	Yadkin Co N C
8. Full Name of Father,	Charlie Jenkins
9. Father's Occupation,	Labor
10. Father's Birthplace,	Eastern Shor
Name of Medical Attendant, or other Person who makes this Return	Cornelia Woolford
Address,	130 Register
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 of Nov.
4. *Place of Birth, (Street and Number)* No 257 Whitlam
5. *Full Name of Mother,* Rose Roth
6. *Mother's Maiden Name,* Rose Mosash
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John McRoth
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Sabina Grishaber

Address, No 1 & 8 West St

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59445

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 12th

NOV 15 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Nov 8th 1882
4. Place of Birth (Street and Number) 21 Peach Alley
5. Full Name of Mother Jennie Harard
6. Mother's Maiden Name " Glasco
7. Mother's Birthplace Accomac Co Va
8. Full Name of Father John Harard
9. Father's Occupation " Shoe maker
10. Father's Birthplace Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Mid Wifemary S Dennis

Address 21 Peach Alley

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 8th 1892
4. *Place of Birth, (Street and Number)* 1225 E Lombard St
5. *Full Name of Mother* Mary J Foster
6. *Mother's Maiden Name,* Mary J Feldman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Foster
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, 1255 N Bond St

Remarks,

born, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 9447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Nov 8th 1882

4. Place of Birth, (Street and Number) # 32 Rose st

5. Full Name of Mother Annie Johnson

6. Mother's Maiden Name "

7. Mother's Birthplace Balto city Maryland

8. Full Name of Father Charles Thomas

9. Father's Occupation Waiter

10. Father's Birthplace Balto city Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary E Wallace

Address # 113 Robert st Baltimore Maryland

Remarks

NOV 18 1882 BALTIMORE

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH, 19447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth* Nov 8th, 1882
4. *Place of Birth, (Street and Number)* # 32 Rose st
5. *Full Name of Mother* Annie Thomas
6. *Mother's Maiden Name* " Mathews
7. *Mother's Birthplace* Balto city Maryland
8. *Full Name of Father* Charles Thomas
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto city Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary E Wallace

Address # 113 Eutaw st Baltimore Maryland

Remarks

RETURN OF A BIRTH 59448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 of November
4. *Place of Birth, (Street and Number)* 31 Carrollton Avenue
5. *Full Name of Mother,* Rosanna Morrissett
6. *Mother's Maiden Name,* Rosanna Klinefelter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edgar M Morrissett
9. *Father's Occupation,* Steam Heater
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs Dunler

Address, No 60 Schroeder St.

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Date, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 8 - 1882
4. Place of Birth (Street and Number)	363 E. Eager St.
5. Full Name of Mother	Atha J. Haynes
6. Mother's Maiden Name	Day
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo. M. Haynes
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W.E. Morley. M.D.
Address	248 N. Eutaw St.
Remarks	

RETURN OF A BIRTH 59450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* november 8
4. *Place of Birth, (Street and Number)* 161 york street
5. *Full Name of Mother,* julya smith
6. *Mother's Maiden Name,* julya boom
7. *Mother's Birthplace,* Calbert conty md
8. *Full Name of Father,* lenard smith
9. *Father's Occupation,* hod carrier
10. *Father's Birthplace,* calbert conty md

Name of Medical Attendant, or other Person who makes this Return Mary ann dorsey

Address, 53 perry street

Remarks, five dollars

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 8th 1882
4. Place of Birth, (Street and Number) Hoffman between Harford Ave & Biopanthe
5. Full Name of Mother, Lizzie Williams
6. Mother's Maiden Name, Gordon
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Harry Williams
9. Father's Occupation, Carpenter
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return W. B. Billingsley

Address, 256 E Preston

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

S7452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8th November 1882
4. *Place of Birth, (Street and Number)*	188 Chesapeake Street
5. *Full Name of Mother,*	Sarah Black
6. *Mother's Maiden Name,*	Sarah Keyes
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John D Black
9. *Father's Occupation,*	Saddler
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Gillens
Address,	104 Curley Street canton
Remarks,	

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Fe. Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 9/82
4. *Place of Birth, (Street and Number)* 467 N. Calhoun
5. *Full Name of Mother,* Anne Rhan
6. *Mother's Maiden Name,* " Consor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Rhan
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo W Norris M D

Address, S. W. Cor Pimlico & Stricker

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59454

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9th 1882
4. Place of Birth, (Street and Number) 158 Barr Street
5. Full Name of Mother, Earnestean Hanson
6. Mother's Maiden Name, Earnestean Launer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Hanson
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return J. K. Wiley M.D.

Address, 158 Hanover St

Remarks,

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59455

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 9th 1882
4. *Place of Birth, (Street and Number)* 470 N. Gay St.
5. *Full Name of Mother,* Mayo Altenburg
6. *Mother's Maiden Name,* --- Stahl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. R. Altenburg
9. *Father's Occupation,* Butter Dealer
10. *Father's Birthplace,* Pollzdorn.

Name of Medical Attendant, or other Person who makes this Return. Lasen. Morgenty

Address, 47 N Dorham St

Remarks,

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	9th Nov. 1882
4. Place of Birth, (Street and Number)	332 N. Stricker St.
5. Full Name of Mother,	Mina Faul
6. Mother's Maiden Name,	Mina Caspari
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Alfred Faul
9. [redacted]ther's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	D. W. Goldman M.D.
Address,	120 East St. Baltimore
Remarks,	

...ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8 9457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 14 1892 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 9th 1892
4. Place of Birth (Street and Number)	55 Elliot St
5. Full Name of Mother	Virginia B. Burnham
6. Mother's Maiden Name	Virginia B. Skinner
7. Mother's Birthplace	England
8. Full Name of Father	William Burnham
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips
Address	327 W Lombard St
Remarks	

RETURN OF A BIRTH 17458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 child
1. Sex, (state whether male or female)	female child
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	9 of November 1882
4. Place of Birth, (Street and Number)	No 4 upton st Baltimore
5. Full Name of Mother,	dandelion Buckman
6. Mother's Maiden Name,	dandelion Buck
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	eliga Buckman
9. Father's Occupation,	drives dell. cart
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E Jones
Address,	No 17 Watcott St
Remarks,	Baltimore Md

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Nov 9
4. *Place of Birth, (Street and Number)* Stockholm St 8
5. *Full Name of Mother,* Mary Hopkins
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Richmon
8. *Full Name of Father,* ~~[illegible]~~ Alex Hopkins
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross St 3086

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 5946a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9th 1882
4. Place of Birth, (Street and Number) No 15 Monroe St
5. Full Name of Mother, Mary K. Keen
6. Mother's Maiden Name, Mary K. Knight
7. Mother's Birthplace, Darlington Harford Co
8. Full Name of Father, Samuel M. Keen
9. Father's Occupation, Police Officer
10. Father's Birthplace, Bolkrum Harford Co

Name of Medical Attendant, or other Person who makes this Return E Dunn

Address, No 54 Frederick av

Remarks,

[illegible] of the parents, and the maiden name of the mother of such child or children.

[illegible]ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	November 9. 1882
4. Place of Birth, (Street and Number)	356 E Monument St
5. Full Name of Mother	Mary E Brown
6. Mother's Maiden Name,	Wallé
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas. L Brown
9. Father's Occupation,	Barber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	286 Mc Donough st
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19462

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 14 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9th 1882
4. Place of Birth, (Street and Number) Abys st No 32
5. Full Name of Mother, Sarah E Roberts
6. Mother's Maiden Name, Sarah E Iro
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Roberts
9. Father's Occupation, Can Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, Abys St No 10 ~~Mary E~~

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59463

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 9th 1882
4. *Place of Birth, (Street and Number)* No 378 W. Fayette St.
5. *Full Name of Mother,* Sarah Weil
6. *Mother's Maiden Name,* " Press
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Moses Weil
9. *Father's Occupation,* Clothier
10. *Father's Birthplace,* Pirmarens Germany

Name of Medical Attendant, or other Person who makes this Return. Pembroke M. Womble, M.D.

Address, No 205 W. Lombard St

Remarks,

IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59464

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Nov 7 1882
4. *Place of Birth, (Street and Number)*	84 Gallis St
5. *Full Name of Mother,*	Ellizzie Edwards
6. *Mother's Maiden Name,*	Ellizzie Brown
7. *Mother's Birthplace,*	Anderanal
8. *Full Name of Father,*	Louis Edwards
9. *Father's Occupation,*	Oyster Slucker
10. *Father's Birthplace,*	Anderana
Name of Medical Attendant, or other Person who makes this Return	Lucinda
Address,	73 Re
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17462

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 9th 1882
4. Place of Birth, (Street and Number)	141 E. Madison St
5. Full Name of Mother,	Mary E. Riordon
6. Mother's Maiden Name,	" " Sweitzer
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Timothy Riordon
9. Father's Occupation,	Wood Turner
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Silas N. Hunter M.D
Address,	31 Greenmount Ave
Remarks,	

NOV 11 1882

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59466

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 11 1882
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 9 1882
4. *Place of Birth (Street and Number)* No 91 Randall Street
5. *Full Name of Mother* Maggie Rooter
6. *Mother's Maiden Name* Maggie Murphy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Rooter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. C. Hinton

Address No 634 E Charles Street

Remarks

RETURN OF A BIRTH 59467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Nov.
4. Place of Birth, (Street and Number) No 323 Whilliam St
5. Full Name of Mother, Anna Putschik
6. Mother's Maiden Name, Anna Gonigle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Putschi
9. Father's Occupation, Labor
10. Father's Birthplace, S. Fabe

Name of Medical Attendant, or other Person who makes this Return Sabina Gerdskeller

Address, Warren

Remarks,

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 of Nov. 1882
4. Place of Birth, (Street and Number) No 140 Hughes St
5. Full Name of Mother, Mary Kaltenbach
6. Mother's Maiden Name, Mary Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kaltenbach
9. Father's Occupation, Glazier Diamonds
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Sabina Cirka

Address, No 125 West St

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

17469

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 21 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	153 Conway st
4. *Place of Birth (Street and Number)*	November 9th/92
5. *Full Name of Mother*	Mary F Linn
6. *Mother's Maiden Name*	10 Harman
7. *Mother's Birthplace*	Balto Md.
8. *Full Name of Father*	Jno F Linn
9. *Father's Occupation*	Gas Fitter
10. *Father's Birthplace*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	C. H Leva
Address	162 Hanover
Remarks	

condition, whether still born or not, the full name, nativity, and residence of the father, and the full maiden name of the mother of such child or children.

RETURN OF A BIRTH. 9470

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1882 BALTIMORE

born, its or their physical condition, whether still born or not, the full names, maiden surnames of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Color race
3. Date of Birth	November 9th 1882
4. Place of Birth (Street and Number)	Tolbott County Md
5. Full Name of Mother	Ella Gipson
6. Mother's Maiden Name	Ella Walker
7. Mother's Birthplace	Tolbat County Md
8. Full Name of Father	James Gipson
9. Father's Occupation	Farmer
10. Father's Birthplace	Tolbet County Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Primrose
Address	A No 51 Dover St
Remarks	she is coming on nicely she an is all right

RETURN OF A BIRTH 19471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex, (state whether male or female)	Female
2. Race or ~~Color~~, (if not of the white race)	
3. Date of Birth,	9 November
4. Place of Birth, (Street and Number)	31 Watson street
5. Full Name of Mother,	Mena Miller
6. Mother's Maiden Name,	Oler
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Fred Miller
9. Father's Occupation,	Labourer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

CITY PRINTERS AND STATIONERS

1477

RETURN OF A BIRTH 59472

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	9 November
4. *Place of Birth, (Street and Number)*	208 Baltimore street.
5. *Full Name of Mother,*	Annie Marks
6. *Mother's Maiden Name,*	Linch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Marks
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 91473

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 9. 1882
4. Place of Birth, (Street and Number)	58½ George Street
5. Full Name of Mother,	~~Kate Cornelius~~ Stewart
6. Mother's Maiden Name,	" Gordon
7. Mother's Birthplace,	East Indies
8. Full Name of Father,	Cornelius Stewart
9. Father's Occupation,	Clerk
10. Father's Birthplace,	New York
Name of Medical Attendant, or other Person who makes this Return	Mabury Brewer MD
Address,	68 McCulloh St.
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19474

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	No 36 Abbott Str
4. Place of Birth, (Street and Number)	November 9th, 1882
5. Full Name of Mother,	Anna Rich
6. Mother's Maiden Name,	Boresch
7. Mother's Birthplace,	Krohli Bohemia
8. Full Name of Father,	Joseph Rich
9. Father's Occupation,	Labor
10. Father's Birthplace	Sepekov Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes Str
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5945

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Mulatto
3. Date of Birth,	November 9th. 1882
4. Place of Birth, (Street and Number)	No. 81 N. Spring St.
5. Full Name of Mother,	Alice Smith.
6. Mother's Maiden Name,	Alice Dorsy.
7. Mother's Birthplace,	Baltimore Co.
8. Full Name of Father,	N. Smith.
9. Father's Occupation,	Waiter.
10. Father's Birthplace,	St. Marys Co.
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No. 185 S. E. cor. Centre av. & Monument St
Remarks,	All Well

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59476

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 9th. 1882.
4. Place of Birth, (Street and Number)	No 16 Mc. Elderry St.
5. Full Name of Mother,	Emma Madden
6. Mother's Maiden Name,	Emma Mellroe
7. Mother's Birthplace,	Norfolk
8. Full Name of Father,	Wm. Madden
9. Father's Occupation,	Musicianer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Burr.
Address,	No. 185. S.E. cor. Centre av. & Monument St.
Remarks,	All Well

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 7th 1882
4. Place of Birth, (Street and Number) No 274 Canton Ave
5. Full Name of Mother, Jeustie Trager
6. Mother's Maiden Name, " Bickelberger
7. Mother's Birthplace, City
8. Full Name of Father, Mr Traeger
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13 th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 10 th 1882
4. Place of Birth, (Street and Number)	No. 163 Cross St
5. Full Name of Mother,	Mary Eiser
6. Mother's Maiden Name,	Scheine
7. Mother's Birthplace,	America
8. Full Name of Father,	Michael Eiser
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lohwasser midwife
Address,	330 Hanover St
Remarks,	

HEALTH DEPARTMENT NOV 1882 BALTIMORE

...ITY PRINTERS AND STATIONERS

16

RETURN OF A BIRTH 59479

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 10th 1882
4. Place of Birth, (Street and Number) 95 Baltimore av
5. Full Name of Mother, Mary E. Harrington Harrison
6. Mother's Maiden Name, Mary E. Harrington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George F. Harrison
9. Father's Occupation, Steward Cutter
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19480

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 17 1882 HEALTH DEPT. BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Nov 16th 230 Aclk 1882
4. *Place of Birth (Street and Number)* Baltimore Boulest 282
5. *Full Name of Mother* Elizabeth Ruedigen
6. *Mother's Maiden Name* Elizabeth Roden
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gustavus Ruedigen
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Hessen Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Greene

Address 466 1 Gay st Balt

Remarks

name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

59481

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, B Nov. 10th 1882
4. Place of Birth, (Street and Number) Baltimore Stockholm St. No 24
5. Full Name of Mother, Mary Hossefrass
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hossefrass
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No 58 Parkin St.

Remarks,

PRINTERS AND STATIONERS

8

RETURN OF A BIRTH.

19482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
16
1882
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Nov 10th 1882.
4. *Place of Birth (Street and Number)* #14 Ridgley St.
5. *Full Name of Mother* Louisa Markt
6. *Mother's Maiden Name* Louisa Schiedt
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Louis Markt
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. S. Tyler Smith M.D.

Address 221 Barre St.

Remarks Natural Labor

RETURN OF A BIRTH 59483

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 16 1882

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, born on the 10th of Nov. 1882
4. Place of Birth, (Street and Number) 22 Calverton Road
5. Full Name of Mother, Barbara Scherer
6. Mother's Maiden Name, B. Laudenshleger
7. Mother's Birthplace, Hessian Germany
8. Full Name of Father, Henry Scherer.
9. Father's Occupation, Stor Keeper
10. Father's Birthplace, born in Hessian Germany

Name of Medical Attendant, or other Person who makes this Return Mr. Miller

Address, 1017 W. Pratt St.

Remarks,

[illegible] and the maiden name of the mother of such child or children."

[illegible]ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 11484

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* November 26 1882
4. *Place of Birth, (Street and Number)* Huntingdon avenue
5. *Full Name of Mother* Eleanor Wyeth
6. *Mother's Maiden Name* Eleanor Traynard
7. *Mother's Birthplace* Balt.
8. *Full Name of Father* Wm E Wyeth
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address Franklin st

Remarks

Name of the mother of such child or children.

RETURN OF A BIRTH 19485

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 15 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 10. 82
4. *Place of Birth, (Street and Number)*	No 210 N Gay St
5. *Full Name of Mother,*	Anne Braun
6. *Mother's Maiden Name,*	Anne Kraemer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Lenard Kraemer
9. *Father's Occupation,*	Shoe Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	
Address,	Mrs Christina
Remarks,	Same, 113 Harford ave.

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

19186

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c~~.)

1. *Sex* (~~*state whether male or*~~ *female*)
2. *Race or Color* (~~*if not of the*~~ *white race*) N
3. *Date of Birth* Nov 10th 1882
4. *Place of Birth* (*Street and Number*) 15 S Schroeder St
5. *Full Name of Mother* Fannie J. Harris
6. *Mother's Maiden Name* Fannie J. Cunningham
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George W. Harris
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John L. Kroger M.D.

Address " " "

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 9457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 10th 1882

4. Place of Birth, (Street and Number) No 1611 S Bethel st.

5. Full Name of Mother, Anna Schmidt

6. Mother's Maiden Name, " Schreiner

7. Mother's Birthplace, City

8. Full Name of Father, Chas. Schmidt

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bolz

Address, 120 Bank St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 57488

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th Nov 1882
4. *Place of Birth, (Street and Number)* Balto Philadelphia Road.
5. *Full Name of Mother* S. Rabul
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Rabul
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Loftish

Address, 69 No. Washington st

Remarks,

Mary Loftish

PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59489

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Light Brown

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colard
3. Date of Birth fri Nov th 10 th 1882
4. Place of Birth (Street and Number) No, 6 Harden Court
5. Full Name of Mother Mary Elizbeth ~~Leatherberry~~ Queen
6. Mother's Maiden Name is Latherberry
7. Mother's Birthplace Baltimore City
8. Full Name of Father Winder Leatherberry
9. Father's Occupation Oyster Schurker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Eliz~~ter~~ griffon

Address No 60 Hill St

Remarks

RETURN OF A BIRTH

1490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 the
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 of November.
4. *Place of Birth, (Street and Number)*	No 4 Essex St (Canton)
5. *Full Name of Mother,*	Caroline Kurtz.
6. *Mother's Maiden Name,*	Fuchs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilhelm Kurtz.
9. *Father's Occupation,*	Oyster Schooker.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G. Bahnsen. Midwife
Address,	No 54 Essex St.
Remarks,	one Child got the Schmal Pocks

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 10th 1882
4. *Place of Birth, (Street and Number)* 158 Hopman Street
5. *Full Name of Mother,* Alice Davis
6. *Mother's Maiden Name,* " Christmas.
7. *Mother's Birthplace,* Warrenton Virginia
8. *Full Name of Father,* Windsor Davis
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Warrenton Virginia

Name of Medical Attendant, or other Person who makes this Return. Ann Johnson

Address, 9 N Topsom Street

Remarks,

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59492

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 10th 1882
4. *Place of Birth, (Street and Number)*	255 Forest St
5. *Full Name of Mother,*	Annie Clautice
6. *Mother's Maiden Name,*	" Brady
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	George B. Clautice
9. *Father's Occupation,*	Brass Founder
10. *Father's Birthplace,*	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return	S.N. Hunter M.D. ~~36 Greenmount Ave~~
Address,	36 Greenmount Ave
Remarks,	

HEALTH STATISTICS NOV 14 1882 BALTIMORE

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of Nov
4. Place of Birth, (Street and Number) 119 Fort Ave
5. Full Name of Mother, Kate Cronin
6. Mother's Maiden Name, Kate Cowman
7. Mother's Birthplace, Island
8. Full Name of Father, Patrick Cronin
9. Father's Occupation, Saborbo
10. Father's Birthplace, Island

Name of Medical Attendant, or other Person who makes this Return Pauline Grishabe

Address, 1010 [illegible] West St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-5-57

RETURN OF A BIRTH

S 4494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 11 1882 BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	Margaret ~~Brady~~ Elizabeth ~~Schmidt~~ Schmidt 1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	10 of November 1882
4. Place of Birth, (Street and Number)	No 37 Gilmor St
5. Full Name of Mother,	Mary ~~Schmidt~~ Schmidt
6. Mother's Maiden Name,	Mary Spindle
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John ~~Schmidt~~ Schmidt
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return	Edward Griesbeb
Address,	No 128 West St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59495

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11/10/82 2 P.M.
4. Place of Birth, (Street and Number) Maternite Hospt 161 W. Lambord
5. Full Name of Mother, Belle Taylor
6. Mother's Maiden Name, Belle Marshal
7. Mother's Birthplace, Scotland
8. Full Name of Father, — Taylor
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W P M Intosh Res Phys

Address, Maternite Hospt 161 W Lambord St

Remarks, —

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59496

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11/10/1882 / 3.30 PM
4. Place of Birth, (Street and Number) Maternite Hospt - 161 W Lawbord
5. Full Name of Mother, Mary Mace
6. Mother's Maiden Name, do
7. Mother's Birthplace, Balto City
8. Full Name of Father, unknown
9. Father's Occupation, Convict
10. Father's Birthplace, unknown

Name of Medical Attendant, or other Person who makes this Return W P McIntosh Res Phys

Address, Maternite Hospt. 161 W Lawbord St

Remarks, —

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 59497

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11/10/1882 — 3 PM
4. Place of Birth, (Street and Number) Matenite Hospt 161 W Lambord
5. Full Name of Mother, Bridget Dunnahol
6. Mother's Maiden Name, unknown
7. Mother's Birthplace, Ireland
8. Full Name of Father, "
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W P McIntosh Res Phys

Address, Matenite Hospt. 161 W Lambord St

Remarks, —

HEALTH DEPARTMENT NOV 1 1882 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH, 59498

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 10 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth* Nov. 10. 1882.
4. *Place of Birth, (Street and Number)* 64 St. Paul St.
5. *Full Name of Mother* Eliza Marston.
6. *Mother's Maiden Name* " Wilding.
7. *Mother's Birthplace* Shropshire, England.
8. *Full Name of Father* Richard Marston.
9. *Father's Occupation* Hotel Clerk.
10. *Father's Birthplace* Shropshire, England.

Name of Medical Attendant, or other Person who makes this Return. A. G. Watts, M.D.

Address 282 W. Lombard St.

Remarks

name of the mother of such child or children.

Missing

59499

RETURN OF A BIRTH 87500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 22 1887 BALT

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 10th 1887
4. Place of Birth, (Street and Number)	# 143 S. Exeter St
5. Full Name of Mother,	Magdelina Penning
6. Mother's Maiden Name,	Kneer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Penning
9. Father's Occupation,	Broom binder
10. Father's Birthplace.	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Kraft
Address,	# 236 Canton Ave
Remarks,	

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 19501

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~No 231 Bookies St Locust Point~~ Nov 10th 1892

4. Place of Birth, (Street and Number) No 231 Bookies St Locust Point Balt. [illegible]

5. Full Name of Mother, Catharine Oeljenn

6. Mother's Maiden Name, Catharine Sullivan

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Fredrick Oeljenn

9. Father's Occupation, Steward

10. [redacted]ther's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

...NY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 17502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Nov 10th 1882
4. Place of Birth (Street and Number)	No 124 Hill street
5. Full Name of Mother	Mary Smith
6. Mother's Maiden Name	Mary Keighler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Henry Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Not known
Name of Medical Attendant, or other Person who makes this Return.	V. Virginia Primas M.D.
Address	1152 E. Fayette street
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 10th of Nov.

4. *Place of Birth, (Street and Number)* 423 E. Fourth St.

5. *Full Name of Mother,* Ann Virginia Skinner

6. *Mother's Maiden Name,* Graham

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Alexander Skinner

9. *Father's Occupation,* Ship Joiner

10. *Mother's Birthplace,* St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return. C. P. Stuart M.D.

Address,

Remarks,

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59504

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Friday Nov 10th 1882
4. *Place of Birth, (Street and Number)*	58 Aisquith St.
5. *Full Name of Mother,*	Emma B. Bordly
6. *Mother's Maiden Name,*	Emma B. Meekin
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Edward B. Bordly.
9. *Father's Occupation,*	Dinner.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25½ Greenmont ave.
Remarks,	

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 19105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 10. 82
4. *Place of Birth, (Street and Number)* S. Durham str No 73
5. *Full Name of Mother,* Veronika Wunderle
6. *Mother's Maiden Name,* Fuglucker
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Johann Wunderle
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm. Fch. Rambach

Address, S. Wolfe str No 14

Remarks,

BY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 10th 1882
4. Place of Birth, (Street and Number)	#309 S. Boyd St
5. Full Name of Mother,	Rebecca Samuel
6. Mother's Maiden Name,	Gruenewald
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Jacob Samuel
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	#236 Canton Ave
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 17507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 10th 1882
4. Place of Birth, (Street and Number)	#239 Canton Ave
5. Full Name of Mother,	Laura Baer
6. Mother's Maiden Name,	---- Daniels
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward Baer
9. Father's Occupation,	Barber
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	#236 Canton Ave
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59508

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 10th 1882
4. *Place of Birth, (Street and Number)* 488 Pennsylvania av
5. *Full Name of Mother,* Maggie Inemer
6. *Mother's Maiden Name,* Maggie Chambers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ambrose Inemer
9. *Father's Occupation,* Brass Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A Mesenzehl

Address, 845 Penna

Remarks,

PRINTERS AND STATIONERS

57

RETURN OF A BIRTH.

59509

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* November 10th 1882
4. *Place of Birth (Street and Number)* 14 Bartlett Street
5. *Full Name of Mother* Martha Bell McPhail
6. *Mother's Maiden Name* Martha Bell Schneider
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Wm John McPhail
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Calhoun

Address 343. W Lombard St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 19510

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov. 11th 1892
4. Place of Birth, (Street and Number)	Baltimore Wyeth St. No. 24
5. Full Name of Mother,	Mary Bannell
6. Mother's Maiden Name,	" Blum
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Bannell.
9. Father's Occupation,	Brick-layer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 38 Fountain St.
Remarks,	

NOV 15 1892 BALTIMORE

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 14 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11th 1882
4. Place of Birth, (Street and Number) 381 Division St
5. Full Name of Mother, Margaret Miller
6. Mother's Maiden Name, Krauss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Miller
9. Father's Occupation, Healer (Railroad shops)
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas E. Sudtler

Address, 565 David Hill Ave

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. Sex, (state whether male or female) Bub
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, geboren den 11ten November
4. Place of Birth, (Street and Number) No 172. S. Wolf Str
5. Full Name of Mother, Wilhelmie Nickloh
6. Mother's Maiden Name, Wilhelmie Notzek
7. Mother's Birthplace, Deutschland.
8. Full Name of Father, Albert Vickloh
9. Father's Occupation, Seemann
10. Father's Birthplace, Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address. No 202 S. Dallas Str

Remarks. Hebamme

NOV 14 1892 BALTIMORE

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59513

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (~~state whether male or~~ female) Colored
2. Race or Color (if not of the white race) 11.11.82
3. Date of Birth 218 Dover
4. Place of Birth (Street and Number) Ann Rebecca Parker
5. Full Name of Mother Gray
6. Mother's Maiden Name Balto.
7. Mother's Birthplace Thomas Parker
8. Full Name of Father Laborer
9. Father's Occupation Balto
10. Father's Birthplace Lewis M. Eastman

Name of Medical Attendant, or other Person who makes this Return. 349 Lexington

Address

Remarks

name of the mother of such child or children.

HEALTH BALTIMORE NOV 14 1882

RETURN OF A BIRTH 59514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 11, 1882.
4. Place of Birth, (Street and Number) N. Washington St. No 376.
5. Full Name of Mother, Anna Eifert
6. Mother's Maiden Name, Anna Wirth
7. Mother's Birthplace, Unter Klingen, Gr. Baden, Germany
8. Full Name of Father, Heinrich Eifert
9. Father's Occupation, Baker
10. Father's Birthplace, Angersbach, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 11, 1892
4. Place of Birth, (Street and Number) N. Gay St. No 277
5. Full Name of Mother, Agnes E. Kramer
6. Mother's Maiden Name, Agnes E. Sommers
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles F. Kramer
9. Father's Occupation, Watchmaker & Jewellier
10. Father's Birthplace. Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Att female
2. Race or Color, (if not of the white race) colored race
3. Date of Birth, November 11 1882
4. Place of Birth, (Street and Number) No 7 north ballast st
5. Full Name of Mother, Emma Day
6. Mother's Maiden Name, Emma Ware
7. Mother's Birthplace, Washington DC
8. Full Name of Father, James Day
9. Father's Occupation, Lady
10. Father's Birthplace, Washington DC

Name of Medical Attendant, or other Person who makes this Return ~~Lar~~ Lary Walker

Address, No 15 north Dunkers alia

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 11th 1882
4. Place of Birth (Street and Number)	No 115 McElderry Street Balto Md
5. Full Name of Mother	Sena Shuemann
6. Mother's Maiden Name	Sena Barnicle
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Shuemann
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 5 Walker Street Balto Md near Bond
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Nov. 11th/882.
4. Place of Birth, (Street and Number) 27 Garden St
5. Full Name of Mother, Emma Horstmier
6. Mother's Maiden Name, " King
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Horstmier
9. Father's Occupation, Owner Steam ~~Paw~~ Mill Plaining
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Fregtshertzer M.D.

Address, 11 S. High St

Remarks,

ET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 1879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 11th 1882
4. Place of Birth, (Street and Number)	37 East Eager St
5. Full Name of Mother,	Mary E Marks
6. Mother's Maiden Name,	" Bowman
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Henry Marks
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Penna
Name of Medical Attendant, or other Person who makes this Return	Silas N Hunter M.D
Address,	36 Greenmount Ave
Remarks,	

NOV 11 1882 BALTIMORE

Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

19529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 11. 11. 82.
4. *Place of Birth (Street and Number)* ~~X~~ 42 S. Eutaw St
5. *Full Name of Mother* Amelia Smedley
6. *Mother's Maiden Name* Lang
7. *Mother's Birthplace* Brooklyn N.Y.
8. *Full Name of Father* Louis Smedley
9. *Father's Occupation* Fisherman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lewis M. Eastman

Address 349 Lee St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 19521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 15 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	11th November 1882
4. Place of Birth, (Street and Number)	No 38 N. Wolfe St
5. Full Name of Mother,	Ida B. Hoover
6. Mother's Maiden Name,	Ida B. Milburn
7. Mother's Birthplace,	Baltimore Cty
8. Full Name of Father,	Charles Henry May Hoover
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace.	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Susan Morgan
Address,	470 N. Broughton St.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV. 13 1882
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 11th/82
4. *Place of Birth, (Street and Number)*	364. N Eary St.
5. *Full Name of Mother,*	Laura Smith,
6. *Mother's Maiden Name,*	Laura Griffith,
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Samuel D. Smith,
9. *Father's Occupation,*	City Librarian,
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return	Addison C. Fox. M.D.
Address,	506. W Fayette Street,
Remarks,	

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) of White Race
3. Date of Birth, Nov 11th
4. Place of Birth, (Street and Number) 145 Columbia ave.
5. Full Name of Mother, Mary Henriette Luthardt
6. Mother's Maiden Name, Mary H. Schindhelm
7. Mother's Birthplace,
8. Full Name of Father, E. J. Luthardt
9. Father's Occupation, Baker
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address,

Remarks,

"Please, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 24 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11th
4. *Place of Birth, (Street and Number)* Balt. City, 82 S Carey St
5. *Full Name of Mother,* Mary M King
6. *Mother's Maiden Name,* Stanso
7. *Mother's Birthplace,* Balt. County
8. *Full Name of Father,* J A King
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address,

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 11th 1880
4. *Place of Birth (Street and Number)* 2d Burn
5. *Full Name of Mother* Mary Manning
6. *Mother's Maiden Name* Mary Buckley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Manning
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 171 N. Calvert

Remarks

RETURN OF A BIRTH 1926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 11 1882

4. Place of Birth, (Street and Number) 331 Myrtle Avenue

5. Full Name of Mother, Mary Martin

6. Mother's Maiden Name, " White.

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Martin

9. Father's Occupation, Merchant

10. [redacted]ather's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer MD

Address, 68 McCulloh St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DEC 1 1882 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59527

DEC 12 1912 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	~~White~~ Black
3. Date of Birth,	November 11th 1912
4. Place of Birth, (Street and Number)	#150 S. Durham St
5. Full Name of Mother,	Malvina Thomas
6. Mother's Maiden Name,	Mars
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Thomas
9. Father's Occupation,	Laborer
10. Father's Birthplace.	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	#236 Eastern Ave
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19528

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11th '82
4. Place of Birth, (Street and Number) #192 Eastern Ave
5. Full Name of Mother, Lina Kloeß
6. Mother's Maiden Name, Schmuck
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kloeß
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, #236 Canton Ave

Remarks,

...of the parents, and the maiden name of the mother of such child or children."

DEC 12 1882 BALTIMORE

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19529

13

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	1.
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	11 November
4. *Place of Birth,* (*Street and Number*)	64 Market space
5. *Full Name of Mother,*	Mary Harrison
6. *Mother's Maiden Name,*	Groom
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Harrison
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 5 1932 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 11 1882 1.30 a. m.
4. Place of Birth, (Street and Number) 145 Edmondson ave
5. Full Name of Mother, Mary P. Mendenhall
6. Mother's Maiden Name, " Pennock
7. Mother's Birthplace, Penna
8. Full Name of Father, Howard Lee Mendenhall
9. Father's Occupation, Gen. Manager American S. M. Co
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other Person who makes this Return G Lane Tanneyhill

Address, 129 W. Biddle.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 5753/

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 11th 92
4. Place of Birth, (Street and Number) 354 N Stricker St.
5. Full Name of Mother, Mollie A Williams
6. Mother's Maiden Name, Mollie A. Steiman
7. Mother's Birthplace, England
8. Full Name of Father, Owen P. Williams
9. Father's Occupation, Machinist
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return D F Miller M D

Address, 188 Franklin St.

Remarks,

BY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 11th 92
4. *Place of Birth, (Street and Number)* 270 Frederick ave
5. *Full Name of Mother,* Louisa E. Voyt
6. *Mother's Maiden Name,* Louisa E. Weiss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles F. Voyt
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other Person who makes this Return J. Miller M.D.

Address, 158 Franklin St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) femil

2. Race or Color, (if not of the white race) Cureard

3. Date of Birth, November 12

4. Place of Birth, (Street and Number) moreley St 44

5. Full Name of Mother, Juleyet Dennis

6. Mother's Maiden Name, Juley S Milligan

7. Mother's Birthplace, Salis St

8. Full Name of Father, William H Dennis

9. Father's Occupation, Bricknaker

10. Father's Birthplace, Delis St

Name of Medical Attendant, or other Person who makes this Return M R S glascar

Address, East moellary ext

Remarks,

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 57534

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female)* Female 2.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 6
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Margaret Cullen
6. *Mother's Maiden Name* Margaret Robinson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Cullen
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary B. Cushing

Address 134 Hamburg St

Remarks Living Well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 12th 1882
4. Place of Birth, (Street and Number)	19 241 Montgomery st
5. Full Name of Mother,	Louise Vogelsbede
6. Mother's Maiden Name,	Martin
7. Mother's Birthplace,	America
8. Full Name of Father,	John Vogelsede
9. Father's Occupation,	Barber
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Longacre midwife
Address,	330 Hanover st
Remarks,	

NOV 1882

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 59536

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November the 12 1882
4. Place of Birth, (Street and Number) Batery Avenue No 276
5. Full Name of Mother Lattie A Buchite
6. Mother's Maiden Name Lattie A Myres
7. Mother's Birthplace Maryland
8. Full Name of Father Peter Buchite
9. Father's Occupation Laborer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Cornal Maid wife

Address No 317 Fort avenue

Remarks mother and child doewing well

name of the mother of such child or children.

RETURN OF A BIRTH 19137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 12th 1882

4. Place of Birth, (Street and Number) 226 S Dmouth St

5. Full Name of Mother, Alice V Thompson

6. Mother's Maiden Name, Dolphin

7. Mother's Birthplace, Md City

8. Full Name of Father, Jno Thompson

9. Father's Occupation, Baggage Master 1870

10. Father's Birthplace, Md City

Name of Medical Attendant, or other Person who makes this Return Jno D Blackwell

Address, 168 S Broadway

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

1. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ter Kind
1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 12ten November
4. *Place of Birth, (Street and Number)* No 18 Proe Str
5. *Full Name of Mother,* Catt Koh
6. *Mother's Maiden Name,* Catt. Maler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Koh
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str

Remarks. Hebamme

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 14 1882
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 12th 1882

4. Place of Birth, (Street and Number) 75 Mosher St.

5. Full Name of Mother Lelia Kesmodel

6. Mother's Maiden Name, Mc. Gilton

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Gustav Kesmodel

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. C. Christian M.D.

Address, 431 Penna. Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex, (state whether male or ~~female~~)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday, November 12th, 1882
4. Place of Birth, (Street and Number)	No 231 East Fayette Street
5. Full Name of Mother,	Mrs. Addie Mitchell Rollins
6. Mother's Maiden Name,	Miss Addie Mitchell Younger
7. Mother's Birthplace,	Port Deposit, Maryland.
8. Full Name of Father,	Mr. William Watson Rollins
9. Father's Occupation,	Constable
10. Father's Birthplace,	Baltimore County, Maryland
Name of Medical Attendant, or other Person who makes this Return	Wm. H. Claudinen, M.D.
Address,	No. 102 North Broadway
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th Novem. 1882
4. Place of Birth, (Street and Number) 459 Lexington
5. Full Name of Mother, Annie J. A. Lippy
6. Mother's Maiden Name, Finch
7. Mother's Birthplace, Balt.
8. Full Name of Father, Frank S.S. Lippy
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return John Hood

Address, 322 Hollins St.

Remarks, Fine babe — delivered with forceps & hands — placenta detached & delivered by hand.

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Nov 12/82
4. Place of Birth, (Street and Number) 165 S. Bond
5. Full Name of Mother, Darlene M. Robert
6. Mother's Maiden Name, " " Duncan
7. Mother's Birthplace, Bald Md.
8. Full Name of Father, Wm E. Robert
9. Father's Occupation, Mariner
10. Father's Birthplace, Bald Md.

Name of Medical Attendant, or other Person who makes this Return J. L. Whitten

Address, 77 S. Broadway

Remarks.

[illegible] the parents, and the maiden name of the mother of such child or children."

[illegible]LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19543

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 15 1882

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) one

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 12 November 1882
4. *Place of Birth*, (*Street and Number*) 42 Somerset St Baltimore Md
5. *Full Name of Mother*, Magie Ellen Eller
6. *Mother's Maiden Name*, Magie Ellen Wilson
7. *Mother's Birthplace*, Darkesville Berkely Co. W. Va.
8. *Full Name of Father*, Conrad Eller
9. *Father's Occupation*, Shoemaker
10. *Father's Birthplace*, Germanie

Name of Medical Attendant, or other Person who makes this Return Mrs. Sara Wilson

Address,

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH, 59144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
NOV
18
1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White Race.
3. *Date of Birth*	Nov. 12th 1882
4. *Place of Birth, (Street and Number)*	669 Light St.
5. *Full Name of Mother*	Annie M. Beck
6. *Mother's Maiden Name*	" " Rippel
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	Peter J. Peter Beck
9. *Father's Occupation*	Engineer
Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Beck
Address	637 Light St.
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH 19545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 20 2 1882

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov: 12th 1882
4. Place of Birth, (Street and Number)	No. 200 Mc Culloh
5. Full Name of Mother,	Emma Blake
6. Mother's Maiden Name,	Emma Myers
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Eugine Blake
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	D. C. Wilson M.D.
Address,	146 Park Avenue
Remarks,	

NY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1892 BALTIMORE

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12 1892
4. Place of Birth, (Street and Number) No 625 S. Bond st
5. Full Name of Mother, Mary Schmidt
6. Mother's Maiden Name, Bentz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Schmidt
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm Getzler

Address, No 625 S Bond st

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 59547

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12th 1882
4. Place of Birth, (Street and Number) No 249 Battery Ave
5. Full Name of Mother, Mary Montgomery
6. Mother's Maiden Name, Mary Nelson
7. Mother's Birthplace, Ireland
8. Full Name of Father, George Montgomery
9. Father's Occupation, Car Driver
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address, 182 E Monument St

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

GIVEN CASE ADDED 3-31-60

RETURN OF A BIRTH 17548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 23 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 12th 1882
4. *Place of Birth, (Street and Number)*	89 Cathedral St
5. *Full Name of Mother,*	Fannie Semmes
6. *Mother's Maiden Name,*	Maynard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Semmes
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return.	Ryffin Buckler M.D.
Address,	135 N Charles St
Remarks,	

CT, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19549

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEPT. OF HEALTH
NOV 24 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight-child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12th of November

4. Place of Birth, (Street and Number) 74 Camden Street

5. Full Name of Mother, Rachail Dalbert

6. Mother's Maiden Name, Rachail Freedman

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Dalbert

9. Father's Occupation, Agent

10. Father's Birthplace, France

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address,

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 59550

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 12/82
4. *Place of Birth, (Street and Number)* 65 S. Oregon St
5. *Full Name of Mother,* Sarah Flanney
6. *Mother's Maiden Name,* Glennon
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Patk Flanney
9. *Father's Occupation,* Dep. Warden B.C. Jail
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return A L Shiam MD

Address, 387 W Lombard St

Remarks,

...the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59551

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12
4. Place of Birth, (Street and Number) Cookes Street
5. Full Name of Mother, Annie Moor
6. Mother's Maiden Name, Annie Smith
7. Mother's Birthplace, Germna
8. Full Name of Father, Joseph Moor
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Magie Ettel

Address, No 13 Cusia

Remarks.

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female — Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 12

4. Place of Birth, (Street and Number) Seubert Blvd

5. Full Name of Mother, Alma King

6. Mother's Maiden Name, Alma Elman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles King

9. Father's Occupation, Laborer

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Magie Ethel

Address, No 13 Cubia St

Remarks.

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 12th 1882
4. *Place of Birth, (Street and Number)*	118 McElderry St.
5. *Full Name of Mother,*	Julia Ida Cole
6. *Mother's Maiden Name,*	Phillips
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Robert Clarence Cole
9. *Father's Occupation,*	Dealer in Mineral water
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	E. L. Irons M.D.
Address,	[illegible] E. Balto. St.
Remarks,	

IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	Boy.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Sunday Nov 12th 1882
4. Place of Birth, (Street and Number)	187 E. Eager St.
5. Full Name of Mother,	Mary Ruckle,
6. Mother's Maiden Name,	Mary Ehe,
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Conrad J. Ruckle
9. Father's Occupation,	Stone Cutter,
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25½ Fremont ave.
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 12 1882
4. *Place of Birth, (Street and Number)* 46 Stockton St
5. *Full Name of Mother,* Lena Sauerwein
6. *Mother's Maiden Name,* Lena Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Sauerwein
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A. Mesenzehf

Address, 345 Penna ave

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 13th 1882
4. Place of Birth, (Street and Number)	No 47 Barnes Str
5. Full Name of Mother,	Marie Rizour
6. Mother's Maiden Name,	Supik
7. Mother's Birthplace,	Nalžov Bohemia
8. Full Name of Father,	Joseph Rizour
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Podoly Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josepha Konrad
Address,	No 20. Barnes Str
Remarks,	

DEPARTMENT OF HEALTH NOV 16 1922 BALTIMORE

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19557

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 13 th 1852
4. Place of Birth, (Street and Number)	No 200 Gross st
5. Full Name of Mother,	Elisabeth Baumgaertner Deis
6. Mother's Maiden Name,	
7. Mother's Birthplace,	America
8. Full Name of Father,	Andrew Baumgaertner
9. Father's Occupation,	Clerk
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohnoesser midwife
Address,	330 Hanover st
Remarks,	

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59558

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1882 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov. 13. 1882
4. *Place of Birth, (Street and Number)*	638 Druid Hill Ave.
5. *Full Name of Mother,*	Catherine R. Warthen
6. *Mother's Maiden Name,*	Rickell
7. *Mother's Birthplace,*	Westminster Md.
8. *Full Name of Father,*	Jas Henry Warthen
9. *Father's Occupation,*	Butter Dealer
10. *Father's Birthplace,*	Frederick Co Md.
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	431 Penna. Ave.
Remarks.	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 13th 1882
4. Place of Birth, (Street and Number) No 307 N. Bond st
5. Full Name of Mother, Margaret Kuper
6. Mother's Maiden Name, Margaret Weisendorfer
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael Kuper
9. Father's Occupation, Shoe store
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Dena Hillegeist

Address. 1822 Monument st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov. 13. 1882
4. *Place of Birth, (Street and Number)*	106 Somerset St
5. *Full Name of Mother,*	Annie M Hall
6. *Mother's Maiden Name,*	Hubbard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jessie A Hall
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	286 McDonogh St
Remarks,	

NOV 15 1882 BALTIMORE

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 November
4. Place of Birth, (Street and Number) 2 40 Chew Street
5. Full Name of Mother. Magie Jone
6. Mother's Maiden Name, Magie ~~Daniel~~ Jones
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Georges Jones
9. Father's Occupation, Cannemacher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return — Cuna Walker

Address, 239 E Eager Street

Remarks,

NOV 15 1882

TY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

10 59562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	(Dark Brown) Colored
3. *Date of Birth*	13th November
4. *Place of Birth (Street and Number)*	5th Penn Alley
5. *Full Name of Mother*	Susan ~~Roggen~~ Javey
6. *Mother's Maiden Name*	Susan ~~Javey~~ Roggen
7. *Mother's Birthplace*	Eastern Shore Virginia
8. *Full Name of Father*	Joshua Javey
9. *Father's Occupation*	Seamon
10. *Father's Birthplace*	Accomac County Virginia
Name of Medical Attendant, or other Person who makes this Return.	Elvira Harris
Address	161 Pierce St
Remarks	a very fine Child, with a sinking mole upon the head

she is as well as could be expected at this time.

name of the mother of such child or children.

RETURN OF A BIRTH 5956 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 November 1882
4. Place of Birth, (Street and Number) No. 15 Central ave.
5. Full Name of Mother, Mary Hild
6. Mother's Maiden Name, " Flower's
7. Mother's Birthplace, Baltimore County Md.
8. Full Name of Father, Edward Hild
9. Father's Occupation, carriage maker
10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland st

Remarks,

NOV 18 1882 BALTIMORE

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13, November
4. *Place of Birth, (Street and Number)*	306 N. Bond Ste.
5. *Full Name of Mother,*	Margaret Commins
6. *Mother's Maiden Name,*	Margaret Paterson
7. *Mother's Birthplace,*	France
8. *Full Name of Father,*	Robert Keys Commins
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Walter
Address,	125 N. Caroline
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59565

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 13th 1882
4. *Place of Birth, (Street and Number)* Pratt St. No. 274
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Lizzie Daniel Single
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Hintenesch
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Dunler.

Address, No. 60 Schroeder St.

Remarks,

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child born

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race Black hair
3. Date of Birth, Nov 13th 82
4. Place of Birth, (Street and Number) 400 S. Pacca St
5. Full Name of Mother, Mrs Annie M Cook
6. Mother's Maiden Name, Annie M. Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Cook
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amilie Bange

Address.

Remarks. Attd

of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 13th 1882.
4. *Place of Birth, (Street and Number)* No 176 N. Bond St
5. *Full Name of Mother,* L. Plitt
6. *Mother's Maiden Name,* L. Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chs. Plitt
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return ~~No. 185 S.E. cor Cen~~ M. A Bud

Address, No. 185 S.E. cor Centre av & Monument St.

Remarks, All Well

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 29 1882

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	Third
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	November 13th 1882.
4. *Place of Birth,* (*Street and Number*)	No 61 Burke Street.
5. *Full Name of Mother,*	Wilhelmina Hendricks
6. *Mother's Maiden Name,*	Wilhelmina Ebbighause.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	William Hendricks
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett,
Address,	No 65 Burke St.
Remarks,	Child's name Johanna

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

S 9569

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 14. 1882
4. Place of Birth (Street and Number)	Baltimore York st " No. 83
5. Full Name of Mother	Briget Gamar
6. Mother's Maiden Name	" Gallagher
7. Mother's Birthplace	Ireland
8. Full Name of Father	Georgs Gamar
9. Father's Occupation	Gin can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. " Elizabeth Searborough
Address	No. " 220 Montgomery st Balt
Remarks	

RETURN OF A BIRTH 59570

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Nov 16th 1882

NOV 17 1882 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 14th 1882

4. Place of Birth, (Street and Number) 296 Dallas Street

5. Full Name of Mother, Caroline Kamke

6. Mother's Maiden Name, Carolina Wilfell

7. Mother's Birthplace, Germany

8. Full Name of Father, Harmonie Kamky

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, 137 South Wolfe St

Remarks,

RETURN OF A BIRTH 9571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 15 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 14th 1884 3 a.m.

4. Place of Birth, (Street and Number) Maternity Hospt. 161 W Lanvale

5. Full Name of Mother, Honitta Meyers (col)

6. Mother's Maiden Name, do do

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W Boyce McIntosh Res Phys.

Address, Maternity Hospt. 161 W Lanvale

Remarks, Illegitimate

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 14th 1882.

4. Place of Birth, (Street and Number) 1 Eutaw P. 1828

5. Full Name of Mother, Isabella Wilson

6. Mother's Maiden Name, Isabella Grey

7. Mother's Birthplace, Balt Co

8. Full Name of Father, Jno Wilson

9. Father's Occupation, Laborer

10. Father's Birthplace, Belchester, Balt County Md.

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1 Eutaw P. 1828

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born on the 14th of Nov. 1882
4. Place of Birth, (Street and Number) 369 McHenry St.
5. Full Name of Mother, Deine D Heimbuch
6. Mother's Maiden Name, D. Dishler
7. Mother's Birthplace, City of Balto.
8. Full Name of Father, John Heimbuch
9. Father's Occupation, Teamster
10. Father's Birthplace, City of Balto

Name of Medical Attendant, or other Person who makes this Return Mr. Hiller

Address, 1017 W. Pratt St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19574

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 14 th 1882
4. Place of Birth, (Street and Number)	No 1 Timans court
5. Full Name of Mother,	Jabary Michel
6. Mother's Maiden Name,	Gerlach
7. Mother's Birthplace,	America
8. Full Name of Father,	Friedrich Michel
9. Father's Occupation,	Florist
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schaasser midwife
Address,	330 Hanover st.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 14 th 1882
4. Place of Birth, (Street and Number)	No 333 Sharp st
5. Full Name of Mother,	Elisabeth Brown
6. Mother's Maiden Name,	Homer.
7. Mother's Birthplace,	America
8. Full Name of Father,	George Brown
9. Father's Occupation,	Hucyler
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schnaasser midwife
Address,	333 Hanover st
Remarks,	

DEPARTMENT OF HEALTH NOV 16 1882 BALTIMORE

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 14th
4. Place of Birth (Street and Number)	Baltimore Ridgley st. No 45
5. Full Name of Mother	Annie Hensler
6. Mother's Maiden Name	Annie Deickler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hensler
9. Father's Occupation	Marble Worker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. Schaffe
Address	114 Ridgley st
Remarks	

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17577

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 20 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	November 14/82. 206 N. Eutaw St
4. *Place of Birth, (Street and Number)*	
5. *Full Name of Mother*	Henrietta Adler Rosenblatt
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto, City, Md.
8. *Full Name of Father*	William Adler
9. *Father's Occupation*	Merchant
Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH 59578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 14th 1882
4. *Place of Birth, (Street and Number)* No 309 E Lombard st
5. *Full Name of Mother,* Maggie Bradyhouse
6. *Mother's Maiden Name,* " " Feller
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Bradyhouse
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55 S. Bond st

Remarks,

TY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

19179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) one child

State whether Male or Female) child is male

or Color (if not of the white race) and is a colord

of Birth born on the 14 of novemb

of Birth (Street and Number) no 1 little george st

Name of Mother Elizabeth shorter

r's Maiden Name

r's Birthplace fredrick city

Name of Father

's Occupation

's Birthplace

of Medical Attendant, or other Person who makes this return Sarah A mother

ss 39 little george st

rks

CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 23 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 14th 1882
4. Place of Birth, (Street and Number)	* 42 Asquith St
5. Full Name of Mother,	Mary A Burns
6. Mother's Maiden Name,	Mary A Shwaab
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Peter Burns
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Samuel A Powell MD
Address,	* 29 Asquith St.
Remarks,	

TY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 19181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Nov 14th 1882
4. *Place of Birth* (Street and Number) 162 N. Calvert
5. *Full Name of Mother* Catherine Brown
6. *Mother's Maiden Name* " Murray
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Dannie J. Brown
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address 171 N. Calvert

Remarks

RETURN OF A BIRTH 59582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14th Nov. 1882
4. Place of Birth, (Street and Number) 63 Battery av
5. Full Name of Mother, Maggie Russell
6. Mother's Maiden Name, " Mullen
7. Mother's Birthplace, Balt.
8. Full Name of Father, John D Russell
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return H. W. Webster Jr

Address, 57, Barrett

Remarks,

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* nov 14
4. *Place of Birth, (Street and Number)* Baltimore utaw Court no 5
5. *Full Name of Mother,* fannie young
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* fair fax Court House Virginia
8. *Full Name of Father,* Henry sulvin
9. *Father's Occupation,* laber
10. *Father's Birthplace,* fairfax Virginia

Name of Medical Attendant, or other Person who makes this Return. &c.

Address, Sallie pentelon no 94 Jasper st

Remarks,

...the parents, and the maiden name of the mother of each child of children.

...IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59584

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 14th 1882
4. Place of Birth, (Street and Number)	#101 Eastern Ave
5. Full Name of Mother,	Lina Walthers
6. Mother's Maiden Name,	Schulz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Walthers
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth (6th)
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 14th 1882
4. Place of Birth, (Street and Number)	Hatford Road
5. Full Name of Mother,	Elizabeth Betz
6. Mother's Maiden Name,	Jan
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Betz
9. Father's Occupation,	Labor
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return,	Josephina Konrad
Address,	No 20 Barnes St
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59586

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Nov 16th 1882.

NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15th 1882
4. Place of Birth, (Street and Number) 211 Ann Street
5. Full Name of Mother, Louisa Hamke
6. Mother's Maiden Name, Louisa Steffer
7. Mother's Birthplace, Germany.
8. Full Name of Father, Albert Hamke
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend.

Address, 137 South Wolfe St.

Remarks, N

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5958.7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 17 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 15, 1882.
4. *Place of Birth, (Street and Number)* Canton, Ac. No 251.
5. *Full Name of Mother,* Barbara Häferlein
6. *Mother's Maiden Name,* Barbara Sauer
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* John A. Häferlein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N Dallas St. No 26

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd "
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Nov 15th "
4. *Place of Birth, (Street and Number)*	55 L Monument st
5. *Full Name of Mother,*	Emma Holbrook
6. *Mother's Maiden Name,*	" Jefferson
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Isaac Holbrook
9. *Father's Occupation,*	Engineer
Father's Birthplace,	Balto city
Name of Medical Attendant, or other Person who makes this Return	H Nelson M D
Address,	Balto & Cashown
Remarks,	S.E

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 15th 1882
4. *Place of Birth, (Street and Number)* N. E. Cor Bank & Dallas
5. *Full Name of Mother,* Maggeretha Staedler
6. *Mother's Maiden Name,* " Sherman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Staedler
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bibb

Address, 120 Bank St

Remarks,

...TY PRINTERS AND STATIONERS

Oiw

RETURN OF A BIRTH 59590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Mary Jones

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 November
4. Place of Birth, (Street and Number) Baltimore No 120 S Green st
5. Full Name of Mother, Mary Jones
6. Mother's Maiden Name, Mary Malley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph A Jones
9. Father's Occupation, Tin Worker
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Mrs Schleifer

Address, No 20 Columbia Ave

Remarks,

[illegible] parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1892 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 15 1882
4. Place of Birth, (Street and Number) No. 17 Monroe St
5. Full Name of Mother, Mary A. Allenbogt
6. Mother's Maiden Name, Mary A. Linord
7. Mother's Birthplace, Alex Va
8. Full Name of Father, Charles Allenbogt
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Dunn

Address, No 54 Frederick av

Remarks,

DOLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 15

4. Place of Birth, (Street and Number) No 143 West Lombard St.

5. Full Name of Mother, Bertha Herth

6. Mother's Maiden Name, " Kirchner

7. Mother's Birthplace, Germany

8. Full Name of Father, George Herth

9. Father's Occupation, Tavern keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1919½

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH BALTIMORE NOV 16 1882

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 15. 1882
4. Place of Birth (Street and Number)	Hanover
5. Full Name of Mother	Annie McStain
6. Mother's Maiden Name	Annie Shaw
7. Mother's Birthplace	Ohio.
8. Full Name of Father	Reuben McStain
9. Father's Occupation	Railroad man
10. Father's Birthplace	Sergeant U. S.
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips M.D.
Address	327 Lombard St
Remarks	

RETURN OF A BIRTH 57594

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 15 1882
4. Place of Birth, (Street and Number)	179 Montgomery st
5. Full Name of Mother,	Eliza Bolster
6. Mother's Maiden Name,	Eliza Cryder
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Geo. T. Bolster
9. Father's Occupation,	Clothier
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 Hanover st
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 15 November

4. *Place of Birth, (Street and Number)* 19 Pleasant street

5. *Full Name of Mother,* Dora Bare

6. *Mother's Maiden Name,* Levi

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* A. M. Bare

9. *Father's Occupation,* Liquor dealer

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3.
1. *Sex*, (*state whether male or female*)	Male
2. *Race or ~~Color~~*, (*if not of the white race*)	
3. *Date of Birth*,	13 November
4. *Place of Birth*, (*Street and Number*)	25 Enser street
5. *Full Name of Mother*,	Fannie Rosenburg
6. *Mother's Maiden Name*,	Wachaji
7. *Mother's Birthplace*,	Russian
8. *Full Name of Father*,	Maurice Rosenberg
9. *Father's Occupation*,	Tailor
10. *Father's Birthplace*,	Russian
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 15 th 1882
4. Place of Birth, (Street and Number) N. 279 Hanover st
5. Full Name of Mother, Tine Reinle
6. Mother's Maiden Name, Schmith
7. Mother's Birthplace, America
8. Full Name of Father, Rimond Reinle
9. Father's Occupation, Showcase make
10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other Person who makes this Return J. Lopwasser midwife

Address, 330 Hanover st.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 20 1882

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, 15th November 1882,
4. Place of Birth, (Street and Number) 234 Lafayette Av
5. Full Name of Mother, Diana Mick,
6. Mother's Maiden Name, Diana Ramsey,
7. Mother's Birthplace, Ionica Falls, N.Y.
8. Full Name of Father, Henry Rathbun Mick,
9. Father's Occupation, Merchant,
10. Father's Birthplace, Clinton North Carolina,

Name of Medical Attendant, or other Person who makes this Return Harvey L. Byrd M.D.,

Address, 127 N. Arlington Avenue,

Remarks, Uncomplicated, Labor 12 hours duration, Mother & child doing well,

of the parents, and the maiden name of the mother of such child or children."

CULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

S7599

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1882

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Eighth

1. *Sex* (*state whether male or female*) Female

2. *Race or Color* (*if not of the white race*) White

3. *Date of Birth* Wednesday December 15th 1852

4. *Place of Birth* (*Street and Number*) # 100 Eutaw St

5. *Full Name of Mother* Sarah Virginia Anderson

6. *Mother's Maiden Name* Hill

7. *Mother's Birthplace* Saint Thomas Parish

8. *Full Name of Father* Wm W. Anderson

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Waynesboro Penna

Name of Medical Attendant, or other Person who makes this Return. Mrs. Guy #13 Holland St

Address

Remarks

RETURN OF A BIRTH, 19600 (over)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Charles Gustav Selters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	November 15th 1882
4. *Place of Birth, (Street and Number)*	N° 696 Charles st
5. *Full Name of Mother*	Augusta Selters
6. *Mother's Maiden Name*	Augusta Meyer
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	William Selters
9. *Father's Occupation*	Sign Maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Sherman
Address	N° 18 Byrd street
Remarks	

NOV 29 1882

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 17601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, November 16. 1882

4. Place of Birth, (Street and Number) 207 N Wolfe

5. Full Name of Mother, Laura V Wright

6. Mother's Maiden Name. Bayley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo R Wright

9. Father's Occupation, Shoemaker

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Donagh st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1902
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	nov 15-1902
4. Place of Birth (Street and Number)	3-5 orchard st
5. Full Name of Mother	Olivia Butler
6. Mother's Maiden Name	Brent
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William H. Butler
9. Father's Occupation	Butler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Annie Johnson
Address	921 Jefferson st
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5960 03

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 1st November
4. Place of Birth, (Street and Number) Baltimore Md. Penna Ave 82
5. Full Name of Mother, Mrs Annie Kirkley
6. Mother's Maiden Name, Miss Annie Reese
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward J Kirkley
9. Father's Occupation, Florist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dunder

Address, No 60 Schroeder St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 59604

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 2 1883

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* (Colored)
3. *Date of Birth* 15 Nov
4. *Place of Birth (Street and Number)* Hom 92 No 1
5. *Full Name of Mother* Lucinda Penn
6. *Mother's Maiden Name* Lucinda Roberts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Penn
9. *Father's Occupation* Driver Coal Cart
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. J. Simmons M.D

Address 242 E. Broadway

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1882

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th and 6th

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16th 1881
4. Place of Birth, (Street and Number) No 851 Pratt St
5. Full Name of Mother, Maggi Chilinger
6. Mother's Maiden Name, Maggi Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Mikel Chilinger
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return E Dunn

Address, No 54 Hendrick av

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59606

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	November 15 1882
4. Place of Birth, (Street and Number)	165 S. Register St
5. Full Name of Mother,	Mary Fay
6. Mother's Maiden Name,	Beck
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Micheal Fay
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, November. 16th.
4. Place of Birth, (Street and Number) 76, West, St.
5. Full Name of Mother, Carrie Jacob
6. Mother's Maiden Name, Carrie Rumph
7. Mother's Birthplace, Schrewsbury. Pa.
8. Full Name of Father, John Jacob.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Cincinnati, Ohio

Name of Medical Attendant, or other Person who makes this Return Ralph Minch

Address, 1 Leadenhall St

Remarks,

...of the parents, and the maiden name of the mother of such child of children.

DEC 2 1882

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59608

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 15th 1882
4. Place of Birth, (Street and Number) No 5. Bloodgood Court
5. Full Name of Mother, Katherine Steiner
6. Mother's Maiden Name, Katherine Deucker
7. Mother's Birthplace, Marburg, Hessia - Gy
8. Full Name of Father, Andrew Steiner
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Bavaria Gy

Name of Medical Attendant, or other Person who makes this Return Leverburn Reiß Gebourn

Address, No 28 - N. Frederick St.

Remarks, Healthy Condition - L. H.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Name Mary Cecilia Dunn Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Wednesday Nov. 15th 1882
4. Place of Birth, (Street and Number)	173 Greenmount Ave.
5. Full Name of Mother,	Mary Dunn.
6. Mother's Maiden Name,	Mary Mullen
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Ltn M Dunn
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Wilmer Dimlow M.D.
Address,	25 1/2 Greenmount Ave
Remarks,	

DEC 2 1932

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 16th 1882.
4. *Place of Birth, (Street and Number)*	#812 N. Gay Street
5. *Full Name of Mother,*	Annie M. Miller
6. *Mother's Maiden Name,*	" Heine
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Miller
9. *Father's Occupation,*	Restaurant
● *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dora Hillegeist
Address,	#182 E. Monument St.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 16/82
4. Place of Birth, (Street and Number) NE Cor Balto & Pine sts
5. Full Name of Mother, Ella Armitage
6. Mother's Maiden Name, " Munday
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joseph Armitage
9. Father's Occupation, Stenographer
10. Father's Birthplace, Cecily

Name of Medical Attendant, or other Person who makes this Return Wm D Blake MD

Address, 168 S Paca St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT DEC 6 1882 BALTIMORE

[illegible]ULARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 1/82
4. *Place of Birth, (Street and Number)* 43 St Peter St
5. *Full Name of Mother,* Mary Orem
6. *Mother's Maiden Name,* Collins
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Marrian Orem
9. *Father's Occupation,* Conductor B&O
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Jno D Blake MD

Address, 168 St Pacaft

Remarks, Twins

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of Nov
4. *Place of Birth, (Street and Number)* No 125 West St
5. *Full Name of Mother,* Kenny Rochman
6. *Mother's Maiden Name,* Kenny Schlabacker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hohman
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Grisbeck

Address, [illegible]

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of Nov
4. *Place of Birth, (Street and Number)* No 32 Paltney St
5. *Full Name of Mother,* Lizie Bastman
6. *Mother's Maiden Name,* Lizie L Heisel
7. *Mother's Birthplace,* Balt'ne
8. *Full Name of Father,* Frank Bastman
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Lubin Carstedt

Address, Waverly

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

59616

59615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 16, 1882.
4. *Place of Birth, (Street and Number)* S. Washington St. No 195.
5. *Full Name of Mother,* Louise Miener
6. *Mother's Maiden Name,* Louise Loeffler
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Georg Miener
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Gallas St. No 26.

Remarks,

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 16, 1882.
4. *Place of Birth, (Street and Number)* S. Central Av. No 14.
5. *Full Name of Mother,* Amalia Bock
6. *Mother's Maiden Name,* Amalia Bauer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Georg Bock
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Siegnitzk Bayern Germany

Name of Medical Attendant, or other Person who makes this Return Harry E. Miller

Address, N. Dallas St. No 26.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white Jewish
3. Date of Birth, 16 November
4. Place of Birth, (Street and Number) 68 Marchmarket space
5. Full Name of Mother, Clara Ruter
6. Mother's Maiden Name, " Davis
7. Mother's Birthplace, Rusian Germany
8. Full Name of Father, Dan Ruter
9. Father's Occupation, Tailor
10. Father's Birthplace, Rusian

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ullig

Address, 48 Holland st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov 16/82
4. *Place of Birth* (Street and Number)	237 Bolton St Balto city
5. *Full Name of Mother*	Donna Reid Carter
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Shirley - James River Va
8. *Full Name of Father*	Charles Reid
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Alf H Powell M.D
Address	128 W Madison St
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 59619

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 16 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 11 1882
4. Place of Birth (Street and Number)	No 18 Hampstead Stat Balto Md
5. Full Name of Mother	Sophia Deisl
6. Mother's Maiden Name	Sophia Winters
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Deis
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 3 Walker Alley Balto Md
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19620

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child.
1. Sex, (state whether male or female)	Boy.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	16th of November 1882.
4. Place of Birth, (Street and Number)	79 North Howard Street.
5. Full Name of Mother,	Frances Pincer.
6. Mother's Maiden Name,	Frances Marschall.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	John Marschall.
9. Father's Occupation,	Laborman.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Crescintia Junkel.
Address,	71 North Chappel street per Justina Junkel.
Remarks,	Healthy.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	5th child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	16 November 1882
4. *Place of Birth, (Street and Number)*	Holton Street 348
5. *Full Name of Mother,*	Maria Roth
6. *Mother's Maiden Name,*	Maria Sp. Chas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilhelm Roth
9. *Father's Occupation,*	Merchant
[redacted] *Father's Birthplace,*	Hildesheim
Name of Medical Attendant, or other Person who makes this Return	L. Reinhard
Address,	324 West Fayette Street
Remarks,	

"Parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS.

15

RETURN OF A BIRTH, 19622

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Nov 16 - 1882
4. *Place of Birth, (Street and Number)* 301 - Hoffman St
5. *Full Name of Mother* Hellena Schreiber
6. *Mother's Maiden Name* " Schrader
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* John Schreiber
9. *Father's Occupation* Shoe - Laster
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. H. J. Houck M.D.

Address Carey & Preston St

Remarks City

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1962

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 16th 1882
4. *Place of Birth, (Street and Number)* No - 108, Castle st
5. *Full Name of Mother,* Frances Anne, Robinson
6. *Mother's Maiden Name,* " " Murray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Washington Robinson,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Dorchester Co, Md

Name of Medical Attendant, or other Person who makes this Return. A. P. Carbeau, M.D.

Address, 237 Gough, st,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

59624

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7-th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 16-th 1882
4. Place of Birth, (Street and Number)	No 89 Johnson st.
5. Full Name of Mother,	Matilde Wildt
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Wildt
9. Father's Occupation,	Laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwaser / midwife
Address,	830 Hanover st.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov-16th-82
4. Place of Birth, (Street and Number) #60 Cumberland St
5. Full Name of Mother, Anna Wagner
6. Mother's Maiden Name, Anna Mette
7. Mother's Birthplace, [redacted], City Oldendorf [illegible]
8. Full Name of Father, Gustav F Wagner
9. Father's Occupation, Coach Maker
10. Father's Birthplace, Hanover [illegible]

Name of Medical Attendant, or other Person who makes this Return Herman Wagner

Address, Sixty Cumberland St.

Remarks, Mrs Dunker medical attendance

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	Nov 16th 1892
4. Place of Birth, (Street and Number)	# 41 Short St
5. Full Name of Mother,	Susan Hackett
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Andrew Hackett
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	# 5. Forrest St
Remarks,	

NOV 27 1892

CO. CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	16 Nov
4. Place of Birth, (Street and Number)	No 109 West St
5. Full Name of Mother,	Mary Flynn
6. Mother's Maiden Name,	Mary Coulin
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Dan Flynn
9. Father's Occupation,	L. Undertaker
10. Father's Birthplace,	Erland
Name of Medical Attendant, or other Person who makes this Return	Sabina Geisthale
Address,	No 108 West St
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Nov.
4. Place of Birth, (Street and Number) No 5 Armstead Lane
5. Full Name of Mother, Annie Mitchell
6. Mother's Maiden Name, Annie Noble
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Saur Mitchell
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Griesbacher

Address, No 125 West

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2do
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 16th 1882
4. Place of Birth, (Street and Number)	190 Franklin St
5. Full Name of Mother,	Annie F. ~~Bayley~~ Rhodes
6. Mother's Maiden Name,	Annie F. Bayley
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Oscar W Rhodes
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 S Hanover St
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted]. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	December 16.
4. Place of Birth, (Street and Number)	Hubbard St
5. Full Name of Mother,	Sophy Kolcaikes
6. Mother's Maiden Name,	Sophy Kellainke
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Luchiak Kolcaikes
9. Father's Occupation,	Germany Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Ettel
Address.	No 13 Cuba St
Remarks.	

NOV 22 1892

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-10-57

RETURN OF A BIRTH

59531

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

Florence Rudolph

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 16th November - 1882
4. Place of Birth, (Street and Number) 180 Hamburg st
5. Full Name of Mother, Lizzie Rudolph
6. Mother's Maiden Name, Lizzie Keehnelt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Louis Rudolph
9. Father's Occupation, Cigar Box Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Ruth Münch

Address, 1 Leadenhall St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

59632

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether ~~Male or Female~~) male
2. Race or Color (if not of the white race) white
3. Date of Birth 17th November 1882
4. Place of Birth (Street and Number) 104 Parker St.
5. Full Name of Mother Hannah J. Cook
6. Mother's Maiden Name Hannah J. Fletcher
7. Mother's Birthplace Virginia
8. Full Name of Father Eugene Cook
9. Father's Occupation Carpenter
10. Father's Birthplace Harford County Md

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson M.D.

Address 169 North Mount Street

Remarks the boy weigh'd 13 pounds

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 19633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7
4. Place of Birth, (Street and Number) No 112 Batey Ave
5. Full Name of Mother, Mary Earl
6. Mother's Maiden Name, Mary Carmale
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Earl
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Cristales

Address, Moore West St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 1 2 1882 BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12.
1. Sex, (state whether male or female)	Male
2. Race or ~~Color~~, (if not of the white race)	
3. Date of Birth,	12 November
4. Place of Birth, (Street and Number)	22 Highstreet
5. Full Name of Mother,	Mary Walter
6. Mother's Maiden Name,	Blaiser
7. Mother's Birthplace,	Europe
8. Full Name of Father,	Godly Walter
9. Father's Occupation,	Shoemaker
10. Father's Birthplace	Europe
Name of Medical Attendant, or other Person who makes this Return	Sarah Capper
Address,	72 E. Lombard street.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or ~~Color~~, (if not of the white race)	
3. Date of Birth,	12 November
4. Place of Birth, (Street and Number)	79 Albamarle street
5. Full Name of Mother,	Mary Rediman
6. Mother's Maiden Name,	Burton
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Columbus Rediman
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Capper
Address,	72 E. Lombard street
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19636

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 Second November

4. Place of Birth, (Street and Number) High street

5. Full Name of Mother Florence

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

1[redacted] Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th White

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 17. 1882
4. Place of Birth, (Street and Number) Eastern Av. No 107
5. Full Name of Mother, Bridget Moore
6. Mother's Maiden Name, Bridget Burns
7. Mother's Birthplace, Wikloe County K. Gr. Britt. Europa
8. Full Name of Father, Michael Moore
9. Father's Occupation, Laborer
10. Father's Birthplace, Wikloe County K. Gr. Britt. Europa

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks, dead born

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 18 1882 BALTIMORE

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 17th 1882
4. Place of Birth, (Street and Number)	467 N. Calhoun st
5. Full Name of Mother,	Elizabeth A. Jenkins
6. Mother's Maiden Name,	Elizabeth A. Conley
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Edwin B. Jenkins
9. Father's Occupation,	Wheelwright
●. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook. MD
Address,	140 Lanvale st
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Nov 17 — 1882
4. Place of Birth, (Street and Number)	No. 256 Hanover st
5. Full Name of Mother,	Mary Wirth
6. Mother's Maiden Name,	Simon
7. Mother's Birthplace,	America
8. Full Name of Father,	Montrea Wirth
9. Father's Occupation,	Laborer
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwaaser midwife
Address,	330 Hanover st.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5964a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Twins Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 11th 1882
4. Place of Birth, (Street and Number) No 327 E Lombard St
5. Full Name of Mother, Augusta Rock
6. Mother's Maiden Name, " " Stengeman
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Rock
9. Father's Occupation, Cabinet Make
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 56 S Bond St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 20 1882 BALTIMORE

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of November, 1882

4. Place of Birth, (Street and Number) No 23 Donnelle Ct

5. Full Name of Mother Mrs Mary Magdelene Handley

6. Mother's Maiden Name, Mary Magdelene Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father Mr Charles Henry Handley

9. Father's Occupation, Cap-Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wilson

Address, No 12 Patterson Park Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girle
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 November 1882
4. Place of Birth, (Street and Number) 175 Collington Ave.
5. Full Name of Mother, Annie Steinmetz
6. Mother's Maiden Name, Annie Greder
7. Mother's Birthplace, Marburg. Hessen (Germanie)
8. Full Name of Father, Frederick Steinmetz
9. Father's Occupation, Butcher
10. Father's Birthplace, Wagenheim Rheinpaiern (Germanie)

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 15 Park Ave

Remarks,

NOV 25? 1882

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 9-20-54

RETURN OF A BIRTH, 1942

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1882 BALTIMORE

Anna Estell Mitchell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Nov 17 1882
4. Place of Birth, (Street and Number) 35 Constitution St
5. Full Name of Mother Mary E. Mitchell
6. Mother's Maiden Name " " Hubbard
7. Mother's Birthplace Balto.
8. Full Name of Father Joseph C. Mitchell
9. Father's Occupation Plumber & Gas Fitter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Edward P. Edmunds

Address 541 Aisquith St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 19644

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 22 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* November 17th 1882
4. *Place of Birth, (Street and Number)* Fort Ave near of White Lead Works
5. *Full Name of Mother* Dora Falk
6. *Mother's Maiden Name* Dora Fie
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Otto Falk
9. *Father's Occupation* Watchmacker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hornung

Address No 18 Bynd st

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov. 17th 82 -
4. *Place of Birth, (Street and Number)*	175 S. Charles St.
5. *Full Name of Mother,*	Agnes Claussen.
6. *Mother's Maiden Name,*	" Beck.
7. *Mother's Birthplace,*	Baveria Germany.
8. *Full Name of Father,*	John W. Claussen -
9. *Father's Occupation,*	~~Germany~~, Bookkeeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	R. J. H. Hall. MD.
Address,	152 Thorp St.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

NOV 22 1932

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19646

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 6te

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 17, 82.

4. Place of Birth, (Street and Number) S. Wolfe Av. 58

5. Full Name of Mother, Dorothea Lellmann

6. Mother's Maiden Name, Lampe

7. Mother's Birthplace, Prussia

8. Full Name of Father, Wilhelm Lellmann

9. Father's Occupation, Schuhmacher

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Wm. Joh. Rumbach

Address, S. Wolfe Av. 14

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 17 82.
4. *Place of Birth, (Street and Number)* South Wolfstr No 41
5. *Full Name of Mother,* Mary Dorthewes
6. *Mother's Maiden Name,* Spiegel
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Jakob Dorthewes
9. *Father's Occupation,* Kahrtreiber
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mr. Johann Raubach

Address, S. Wolfstr 14

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19648

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1882

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, Nov 17th 1882
5. Place of Birth, (Street and Number) No 45 North St
6. Full Name of Mother, Johanna Whitehead
7. Mother's Maiden Name, Clarke
8. Mother's Birthplace, "
9. Full Name of Father, Thomas Whitehead
10. Father's Occupation, Carter
11. Father's Birthplace, England
12. Name of Medical Attendant, or other Person who makes this Return Otis Elizabeth Bitz
13. Address, 120 Bank St.
14. Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19649

21

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 17th 1882
4. Place of Birth (Street and Number)	Calvert nr Madison
5. Full Name of Mother	Agnes Jackson Sisson
6. Mother's Maiden Name	Agnes Jackson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Hugh Sisson Jr.
9. Father's Occupation	Importer of Marble &c &c
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Co. T. Brown M.D.
Address	241 Linden Ave
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or childre

RETURN OF A BIRTH 59650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) ~~White~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17th
4. Place of Birth, (Street and Number) 13 Collinsby Ally and Lemon St
5. Full Name of Mother, Joanna McAuliffe Drinan
6. Mother's Maiden Name, Joanna McAuliffe
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Drinan
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, 18 November
4. Place of Birth, (Street and Number) McGunder St no 18
5. Full Name of Mother, Cathrinann Pulman
6. Mother's Maiden Name, Richmon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Pulman
9. Father's Occupation, labourer
10. Father's Birthplace, Richmon

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross St 3086

Remarks,

Born, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Novem. 18, 1892
4. Place of Birth, (Street and Number)	278 Hollins st.
5. Full Name of Mother,	M. Ella Buckingham
6. Mother's Maiden Name,	Clary
7. Mother's Birthplace,	Frd'k. Co. Md.
8. Full Name of Father,	Herbert Buckingham
9. Father's Occupation,	Book-keeper
Father's Birthplace,	Howard Co. Md
Name of Medical Attendant, or other Person who makes this Return	J. Thos Hood, M.D.
Address,	322 Hollins st.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 18 1882
4. Place of Birth, (Street and Number) 448 W Calhoun Street
5. Full Name of Mother, Mary F. Andrews
6. Mother's Maiden Name, Mary F. Jones
7. Mother's Birthplace, Dorchester Maryland
8. Full Name of Father, John W. Andrews
9. Father's Occupation, Wheelwright
10. [redacted] Father's Birthplace, Kentucky

Name of Medical Attendant, or other Person who makes this Return J. L. Wiley MD

Address, 157 Hanover St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19654

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1902 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Nov 15
4. Place of Birth, (Street and Number)	No 106 William St
5. Full Name of Mother,	Anna Morgan
6. Mother's Maiden Name,	Anna McMurran
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mickell Morgan
9. Father's Occupation,	Labor
[illegible] Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sabina Geisheber
Address,	No 105 West St
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

[illegible] *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 of Nov
4. *Place of Birth, (Street and Number)*	No ~~106~~ 106 Whillian
5. *Full Name of Mother,*	Magie Schulz
6. *Mother's Maiden Name,*	Magie Schmith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fred Schulz
9. *Father's Occupation,*	Carpender
[illegible] *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Sabine Griesheld
Address,	No 1[illegible]
Remarks,	

HEALTH DEPARTMENT NOV 1 2 1892 BALTIMORE

[illegible]., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 20 1882
BALTIMORE, MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d,~~ &c.) Twin

1. *Sex,* (~~state whether male or~~ female)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* November 14th 1882
4. *Place of Birth,* (Street and Number) 559 E. Fayette St.
5. *Full Name of Mother,* Mollie F. ~~Meekins~~ Nicol
6. *Mother's Maiden Name,* Mollie F. Meekins
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* David Nicol
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm B. Canfield M.D.

Address, 246 North Charles St.

Remarks,

N. B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, *&c.*)	1.
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	18 November
4. *Place of Birth*, (*Street and Number*)	113 Chester street
5. *Full Name of Mother*,	Rosa Slutter
6. *Mother's Maiden Name*,	Sierce
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	August Slutter
9. *Father's Occupation*,	Labourer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59658

the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 23 1882 BALTIMORE

f Mot[illegible], (state whether 1st, 2d, 3d, &c.) 1 2

ether male or female) Female

r, (if not of the white race) Color

th, one the 18 1882

th, (Street and Number) 68 Leaden Hall St

of Mother, Anna Lucie

iden Name, Anna Wesley

thplace, Baltimore

Father, Jorge Lukee

pation Cooke

hplace, Acca mas Cuneo

ical Attendant, or other Person who makes this Return Lucy Sidney

patapl [illegible]

RETURN OF A BIRTH 19659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ld of other, (state whether 1st, 2d, 3d, &c.) 1

te whether male or female) female

Color, (if not of the white race) colore

Birth, No 18 82

Birth, (Street and Number) 67 Hill St

ame of Mother, Helen Campe

Maiden Name, Helen Miler

Birthplace, Baltimore Ct

me of Father, Floyd Miler

Occupation, labor man

Birthplace, Cambridge

Medical Attendant, or other Person who makes this Return Lucy Sidne

, Pattap Con Anne

s,

ND STATIONERS.

RETURN OF A BIRTH.

19660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	November 18
4. Place of Birth (Street and Number)	Baltimore Ridgley st. No 93
5. Full Name of Mother	Gertie Earling
6. Mother's Maiden Name	Gertie Ridgway
7. Mother's Birthplace	New Jersey
8. Full Name of Father	George Earling
9. Father's Occupation	Glass Blower
10. Father's Birthplace	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. Shaffer
Address	114 Ridgley
Remarks	

RETURN OF A BIRTH.

19661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 20 1882
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Nov 18 1882
4. *Place of Birth* (Street and Number)	No 7 Walker Street near Bond Balto
5. *Full Name of Mother*	Henriette Menard
6. *Mother's Maiden Name*	Henriette Mantkey
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Menard
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 5 Walker St Balto Md near Bond
Remarks	

RETURN OF A BIRTH 59662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 20 1882 BALTIMORE

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 11/18/82 11.45 PM
5. *Place of Birth, (Street and Number)* Maternity Hospt. 161 W Lombard
6. *Full Name of Mother,* Annie Welch
7. *Mother's Maiden Name,* Unknown
8. *Mother's Birthplace,* Virginia
9. *Full Name of Father,* — Welch
10. *Father's Occupation,* Unknown
11. *Father's Birthplace.* Unknown
12. *Name of Medical Attendant,* or other Person who makes this Return — Roger McIntosh Res Phys
13. *Address,* Maternity Hospt. 161 W Lombard St
14. *Remarks,* In labor when admitted

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

Missing 59663

RETURN OF A BIRTH.

S7664

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~No~~ November 18th 1882
4. Place of Birth (Street and Number)	Baltimore. Hughes st No 179
5. Full Name of Mother	Barbara Watts
6. Mother's Maiden Name	" Dougherty
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Watts
9. Father's Occupation	machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No 220 Montgomery st
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Missing 59665

59666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	~~Fe~~ Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 18th/82
4. *Place of Birth (Street and Number)*	706 Hanover st
5. *Full Name of Mother*	Mary Mills.
6. *Mother's Maiden Name*	" Jenkins
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Jno Mills
9. *Father's Occupation*	Captian
10. *Father's Birthplace*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	
Address	C. A. Lewis
Remarks	162 Hanover st

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59667

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 1951 1952 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* nov 18
4. *Place of Birth, (Street and Number)* baltimore utaw court no 5
5. *Full Name of Mother,* George Holland
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* West riner Vegina
8. *Full Name of Father,* simon dickson
9. *Father's Occupation,* laber
10. *Father's Birthplace,* West riner Vairginia

Name of Medical Attendant, or other Person who makes this Return.

Address, Sallie penton 94 jasper street

Remarks,

Extract Regulations of the Board of Health to secure a full and correct *Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract Regulations of the Board of Health to secure a full and correct

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

59668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteen Children

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* November Eighteenth
4. *Place of Birth, (Street and Number)* 185 Franklin st
5. *Full Name of Mother,* Mary E Linch
6. *Mother's Maiden Name,* Mary E Whitcher
7. *Mother's Birthplace,* Carlonine County Va
8. *Full Name of Father,* Jeremiah Linch
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* County Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Sadler

Address, No 4 New street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 18 of Novem 84
4. *Place of Birth, (Street and Number)* No. 2291 East, Oregon
5. *Full Name of Mother,* Katie Ammer
6. *Mother's Maiden Name,* Katie Luse
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Adam Luse
9. *Father's Occupation,* Lonman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina

Remarks, Saw 173 Sherman

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child
1. *Sex, (state whether male or female)*	female child
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	18 of November 1882
4. *Place of Birth, (Street and Number)*	No 25 Wakeat St City
5. *Full Name of Mother,*	Sargeanna Wagson
6. *Mother's Maiden Name,*	not married
7. *Mother's Birthplace,*	Calbert co Md
8. *Full Name of Father,*	Alexander Jones
9. *Father's Occupation,*	Labrin man
10. *Father's Birthplace,*	Easton shore
Name of Medical Attendant, or other Person who makes this Return.	Mary C Jones
Address,	No 27 Wakeat
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

59671

DEC 22 1902

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 18th
4. *Place of Birth (Street and Number)* 126 Hughes St
5. *Full Name of Mother* Loney Browning
6. *Mother's Maiden Name* " Gephart
7. *Mother's Birthplace* City
8. *Full Name of Father* William Browning
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch M.D.

Address 151 Hanover St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 12 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th Nov 1882
4. *Place of Birth, (Street and Number)* 104 Little Green St Baltimore
5. *Full Name of Mother,* Margaret McCaghey
6. *Mother's Maiden Name,* Margaret Ingram
7. *Mother's Birthplace,* Drumcree Co. Armagh Ireland
8. *Full Name of Father,* William McCaghey
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Portadown Co. Armagh Ireland

Name of Medical Attendant, or other Person who makes this Return Ruth Minch

Address, 1 Leadenhall Street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Twin~~ 6th
1. *Sex, (state whether male or female)*	6th Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 18th
4. *Place of Birth, (Street and Number)*	123 E. Lombard
5. *Full Name of Mother,*	Hester Deaver
6. *Mother's Maiden Name,*	Early
7. *Mother's Birthplace,*	New Jersey
8. *Full Name of Father,*	John Deaver
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Davis M.D.
Address,	# 375 E. Balto. St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 18th 1882
4. *Place of Birth, (Street and Number)* 244 ~~Eng~~ Allen St
5. *Full Name of Mother,* Mary Steinly
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Steinly
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* November 18 - 82
4. *Place of Birth, (Street and Number)* 95 N. Greene
5. *Full Name of Mother* Annie Schrieber
6. *Mother's Maiden Name* Walkenicht
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Joseph Schrieber
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louis W Knight M.D.

Address 112 N. Greene St

Remarks

RETURN OF A BIRTH 19676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 9 1903 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2 child

1. *Sex,* (*state whether male or female*) boy
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 7 19 Dec
4. *Place of Birth,* (*Street and Number*) 76 Sommerset Street
5. *Full Name of Mother,* Crescencie Holz
6. *Mother's Maiden Name,* Steininger
7. *Mother's Birthplace,* Schlach Niederbaiern
8. *Full Name of Father,* Otto Holz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Eppenstha Eppenschlag Niederbaiern

Name of Medical Attendant, or other Person who makes this Return Anna Walker

Address, midwife 2396 Eager Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

19677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov. 19th 1882
4. *Place of Birth, (Street and Number)*	289 Hanover St. Cor Williams
5. *Full Name of Mother,*	Clara Knorr
6. *Mother's Maiden Name,*	" Steuart.
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Louis J. Knorr.
9. *Father's Occupation,*	Grocer & Provisions
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	R. J. N. Tall. M.D.
Address,	152 Sharp St.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	No 8
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	19 November
4. *Place of Birth.* (*Street and Number*)	No 590 Harford Ave
5. *Full Name of Mother.*	Louise Ehrman
6. *Mother's Maiden Name.*	Louise Amick
7. *Mother's Birthplace.*	Baltimore city
8. *Full Name of Father.*	Samuel Ehrman
9. *Father's Occupation,*	Ropemaker
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other Person who makes this Return	Mrs Jane C. Burgess
Address,	No 386 Harford Ave.
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 19th 6th P.M. 1882 Instrumental
4. *Place of Birth (Street and Number)* 138 Gough St
5. *Full Name of Mother* Susannah Brown
6. *Mother's Maiden Name* Susannah Stern
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob P Brown
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M.D.

Address 299 E Baltimore St.

Remarks

RETURN OF A BIRTH 1960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December the 14. 1892
4. *Place of Birth, (Street and Number)* No 50 South St. Baltimore, Md.
5. *Full Name of Mother,* Victoria Bridinger
6. *Mother's Maiden Name,* " " Kleinman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Bridinger
9. *Father's Occupation,* Bricklmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Fenton

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 19 " 1882
4. *Place of Birth, (Street and Number)* " 110 Parkin St
5. *Full Name of Mother,* Martha Tauberheim
6. *Mother's Maiden Name,* " Bergman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Tauberheim
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Tauber

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 19682

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 24 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 19th 1882
4. *Place of Birth, (Street and Number)*	79 North Amity st
5. *Full Name of Mother,*	Caroline Lober
6. *Mother's Maiden Name,*	Caroline Wagner
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Conrad Lober
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

FROM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S 7613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	1900
4. *Place of Birth (Street and Number)*	Corner Gaetzen & Fort Ave
5. *Full Name of Mother*	Sarah Catharine Elmen
6. *Mother's Maiden Name*	Woodland
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Henry Elmen
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Bennett
Address	68 Fort Ave
Remarks	

RETURN OF A BIRTH 19684

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Two
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan 19th 1882
4. *Place of Birth*, (*Street and Number*)	81 S. Pacca
5. *Full Name of Mother*	Catherine E. Hart
6. *Mother's Maiden Name*,	Catherine E. Naylor
7. *Mother's Birthplace*,	Baltimore Md
8. *Full Name of Father*,	Jno D. Hart
9. *Father's Occupation*,	Commission Merchant
10. *Father's Birthplace*,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	146 S. Paca St.
Remarks,	

DEC 1 1882

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 28 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1882

1. *Sex (state whether male or female)* 2. female. Colored. ~~Board Room~~
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Born Nov 19th at. Godock 1882
4. *Place of Birth (Street and Number)* No 41. St. Mary. St. Baltimore
5. *Full Name of Mother* Mrs Sarah Elizabeth Jones
6. *Mother's Maiden Name* Sarah E. Bryant
7. *Mother's Birthplace* Culpepper Court House Va
8. *Full Name of Father* John Thomas Jones
9. *Father's Occupation* Waiter and coachman.
10. *Father's Birthplace* in Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Gibson

Address No. 66 Davis. St

Remarks all Right

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59686

21

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday November 19th 1882
4. *Place of Birth, (Street and Number)* No. 1762 East Monument St.
5. *Full Name of Mother,* Mrs. Eliza Elizabeth Walsh
6. *Mother's Maiden Name,* Miss Eliza E. Herbert
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* Mr James J. Herbert
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendinen M.D.

Address, No. 102 North Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 19 th 1882
4. *Place of Birth, (Street and Number)*	191 Montgomery St.
5. *Full Name of Mother*	Alice Glantz
6. *Mother's Maiden Name,*	Davis
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Louis Glantz
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwasser midwife
Address,	930 Hanover St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 19. of November
4. *Place of Birth, (Street and Number)* Baltimore County
5. *Full Name of Mother,* Mary Kane
6. *Mother's Maiden Name,* Mary Heff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Heff
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Christina Lauer

Remarks, 173 Harford 1882

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 17689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19
4. *Place of Birth, (Street and Number)* Clement St
5. *Full Name of Mother,* Sara Jane Miller
6. *Mother's Maiden Name,* Sara Jane Claman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Hague Ettel

Address. No 13 Cubia St

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 5969A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth November 19. 1882
4. Place of Birth (Street and Number) 16 Etting St
5. Full Name of Mother Mary Davis
6. Mother's Maiden Name Mary Whalen
7. Mother's Birthplace Ireland
8. Full Name of Father William Davis
9. Father's Occupation Plasterer
10. Father's Birthplace Wales

Name of Medical Attendant, or other Person who makes this Return. Alexander Finsley M.D.

Address 386 Druid Hill Av

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19th 1882
4. *Place of Birth, (Street and Number)* No 9 Goodyear St
5. *Full Name of Mother* Katie Courtney
6. *Mother's Maiden Name,* Katie Mabert
7. *Mother's Birthplace,* England
8. *Full Name of Father,* John Courtney
9. *Father's Occupation,* Truckster
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs A Messenger

Address, 345 Penna

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	20 November
4. *Place of Birth,* (*Street and Number*)	6 E. Lombard street
5. *Full Name of Mother,*	Anna Geisel
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Geisel
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Cupler
Address,	72 E. Lombard street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 26th 1882
4. *Place of Birth, (Street and Number)* Baltimore, 594 W Baltimore St.
5. *Full Name of Mother,* Rosa Black
6. *Mother's Maiden Name,* Rosa Levine
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Moritz Black
9. *Father's Occupation,* Sailer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Wm. H. Hunter.

Address, 60 Schroeder Ave.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1896 94

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 8 1896

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11.
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~ (if not of the white race)*	
3. *Date of Birth,*	20 November
4. *Place of Birth, (Street and Number)*	94 Washington street
5. *Full Name of Mother*	Minnie Grum
6. *Mother's Maiden Name,*	Fring
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	John Grum
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace*	Europe
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5tes Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 20ten November
4. *Place of Birth, (Street and Number)* No 211 S. Ann St.
5. *Full Name of Mother,* Barbara Rischer
6. *Mother's Maiden Name,* Barbara Steinlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Rischer
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str.

Remarks, He bamne

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 20th 1882
4. *Place of Birth, (Street and Number)* No 1758 Aemiliz
5. *Full Name of Mother,* Maggeretha Gruel
6. *Mother's Maiden Name,* " Witzel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Gruell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address, 120 Bank St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S 9697

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 and 7 (twins)
1. Sex (state whether Male or Female)	both females
2. Race or Color (if not of the white race)	
3. Date of Birth	November 20 1892
4. Place of Birth (Street and Number)	157 N. Caroline St
5. Full Name of Mother	Josephine Sykes
6. Mother's Maiden Name	Josephine Markey
7. Mother's Birthplace	Maryland
8. Full Name of Father	Henry Sykes
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	by H. Thomas, M.D.
Address	66 E Baltimore St
Remarks	

Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOV 23 1892

RETURN OF A BIRTH

17698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex, (state whether male or female)*	Girl.
2 *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	20th of November 1882.
4. *Place of Birth, (Street and Number)*	63 South Durham Street.
5. *Full Name of Mother,*	Kate Vogel.
6. *Mother's Maiden Name,*	Kate Wicht.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Wicht.
9. *Father's Occupation,*	Cupper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Cresintia Kunkel
Address,	71 North Chappel street per Justina Kunkel
Remarks,	Health.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59699

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6c

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 20/82
4. *Place of Birth, (Street and Number)* 201 S. Pacat
5. *Full Name of Mother,* Tilly Koontz
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Harpers Ferry Va
8. *Full Name of Father,* John Koontz
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spiers Jr

Address, 387 W. Lombard

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 12-8-53

10

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Nov-27 Name: Helen E. Kalbaugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 20th 1882

4. Place of Birth, (Street and Number) 87 N. Stricker St

5. Full Name of Mother, Delia E. (~~Kalbaugh~~) Kalbaugh

6. Mother's Maiden Name, Delia Evans

7. Mother's Birthplace, West Virginia

8. Full Name of Father, Isaac N. (~~Kalbaugh~~) Kalbaugh

9. Father's Occupation, Master of Machinery, Mount Clare

10. Father's Birthplace, Westernport, Md.

Name of Medical Attendant, or other Person who makes this Return Amanda E. Taylor M.D.

Address, 95 N. Stricker St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 8701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 20th 1882
4. *Place of Birth, (Street and Number)*	56 Warren Ave
5. *Full Name of Mother,*	Eva Macabbin
6. *Mother's Maiden Name,*	" Carr
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Chas F. Macabbin
9. *Father's Occupation,*	Boarding Salesman
10. *Father's Birthplace,*	Canada
Name of Medical Attendant, or other Person who makes this Return	Geo. W. Benson M.D
Address,	1461 Hanover St
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 20. '82
4. *Place of Birth, (Street and Number)*	135 Gay St
5. *Full Name of Mother,*	Mary L Davis
6. *Mother's Maiden Name,*	Nichols
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas H Davis
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace.*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	236 Mc Donogh st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59703

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th November 1882
4. *Place of Birth, (Street and Number)* 92 William St
5. *Full Name of Mother,* Rosa White
6. *Mother's Maiden Name,* Sessuno
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Edward White
9. *Father's Occupation,* Engineer U.S.N.
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return H. W. Webstup

Address, 57 Barrett

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 9704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	3th Child
1. *Sex,* (*state whether male or female*)	male
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	Nov 20th 1882
4. *Place of Birth,* (*Street and Number*)	No 11. Stockholm St.
5. *Full Name of Mother*	Leisa Goije
6. *Mother's Maiden Name,*	Mr. Mollin
7. *Mother's Birthplace,*	Irland
8. *Full Name of Father,*	Johan Goije
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace*	Irland
Name of Medical Attendant, or other Person who makes this Return	Mrs Maria Virch
Address,	No 328 S Eutaw St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 23

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1 st Child
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Nov 20 cd 1882
4. *Place of Birth*, (*Street and Number*)	N. 16 Marshal av.
5. *Full Name of Mother*	Mary Smith
6. *Mother's Maiden Name.*	Young
7. *Mother's Birthplace*,	America
8. *Full Name of Father*,	John Smith
9. *Father's Occupation*,	Butcher
10. *Father's Birthplace*.	America
Name of Medical Attendant, or other Person who makes this Return	J. Schnagsser midwife
Address,	336 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 22 1882 BALTIMORE

Correct Return of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Negro.
3. *Date of Birth,* November 20, 1882.
4. *Place of Birth, (Street and Number)* No. 2 Mason Alley.
5. *Full Name of Mother,* Ella Henson.
6. *Mother's Maiden Name,* Green.
7. *Mother's Birthplace,* Queen Anne Co., Md.
8. *Full Name of Father,* Morgan Henson.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* St. Mary's County, Md.

Name of Medical Attendant, or other Person who makes this Return Edw. Janney, M.D.

Address, 240 N. Eutaw St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19707

19

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	5th Pregnancy
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Nov 20 – 1882
4. *Place of Birth*, (*Street and Number*)	160 Druid Hill ave
5. *Full Name of Mother*,	Ella Lide Harris
6. *Mother's Maiden Name*,	Ella Lide
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Jno Henry Harris
9. *Father's Occupation*,	Provision Dealer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr Caleb Winslow
Address,	23 McCulloh st
Remarks,	

NOV 22 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth (10th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 20th 1882
4. *Place of Birth, (Street and Number)*	No 49 Barnes Str
5. *Full Name of Mother,*	Antonya Levy
6. *Mother's Maiden Name,*	Hrazna'c
7. *Mother's Birthplace,*	Nalzov Bohemia
8. *Full Name of Father,*	Václav Levy
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace.*	Pacin Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes Str
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, Nov 20th 1882
4. *Place of Birth*, (*Street and Number*) 504 Fremont St
5. *Full Name of Mother*, Susanna Richter
6. *Mother's Maiden Name*, Susanna Metzger
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, John Richter
9. *Father's Occupation*, Shoe maker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs A. Mesenzehl

Address, 345 Pennsylvania

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Nov 20th 1882
4. *Place of Birth,* (*Street and Number*) 494 Fremont St
5. *Full Name of Mother,* Katie Kennedy
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return Chas A Abercrombie

Address, 834 Penna Ave

Remarks,

DEC 2 1882

WM J C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	21 November
4. *Place of Birth, (Street and Number)*	73 Bond street
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Dimmisen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Smith
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Carper
Address,	72 E. Lombard street
Remarks,	

Correct Report of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO. CITY PRINTERS AND STATIONERS

9

RETURN OF A BIRTH 1912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 25 1912

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Nov 21st 1912
4. *Place of Birth, (Street and Number)* 1611 Bond st
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* May Thomas
7. *Mother's Birthplace,* North Thumble Virgina
8. *Full Name of Father,* William Harris
9. *Father's Occupation,* Stevedor & Stevedor
10. *Father's Birthplace,* St Marys Co

Name of Medical Attendant, or other Person who makes this Return — Lucinder Woodford

Address, 130 North Regester st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return required by Vital Statistics Ordinance of the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5971 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7tes Kind

1. *Sex, (state whether male or female)* Bub.
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 21tes Dezember
4. *Place of Birth, (Street and Number)* No 49. Tham Str
5. *Full Name of Mother,* Anna Kieerieber
6. *Mother's Maiden Name,* Anna Krämer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Kieerieber
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 21ten Dezember
4. *Place of Birth, (Street and Number)* No 33 Heamster Str
5. *Full Name of Mother,* Elisa Föck
6. *Mother's Maiden Name,* Elisa Scheider
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Hermann Föck
9. *Father's Occupation,* Schreiner
10. *Father's Birthplace,* Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address. No 202. S. Dallas Str

Remarks. Hebamme

NOV 1882

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NOV 23 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. and 12ter Kind

1. *Sex, (state whether male or female)* Zwei Mädchens
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren 21ten December
4. *Place of Birth, (Street and Number)* No 228 S. Dallas Str
5. *Full Name of Mother,* Charlotte Seidenstricker
6. *Mother's Maiden Name,* Charlotte Sommer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Seidenstricker
9. *Father's Occupation,* Buchbinder
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 9716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 24 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex* (state whether Male or [redacted])
2. *Race or Color* (~~if not of the white race~~) White.
3. *Date of Birth* 21 Nov. 1882
4. *Place of Birth* (Street and Number) 45 S. Washington St.
5. *Full Name of Mother* Lizzie V. Duncan
6. *Mother's Maiden Name* Lizzie V. Kepler
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* Lew Duncan
9. *Father's Occupation* Custom House Officer
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. M D Fleming

Address 710 W. Baltimore St. Balto.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH
NOV 24 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1rst
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 21rst 1882
4. Place of Birth (Street and Number)	Baltimore York St. Wm. 100
5. Full Name of Mother	Agnes Fahey
6. Mother's Maiden Name	" Horney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Fahey
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	220 Montgomery St. Balt.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 26 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 21st 1882
4. *Place of Birth, (Street and Number)* 425 Allegheny St. Balto.
5. *Full Name of Mother* Mary A Sunderland
6. *Mother's Maiden Name,* Mary A Lawrence
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G. Sunderland
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return of Vital Statistics in the City of Baltimore.

J. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 25 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 21 of November 4 o'clock morning 1882

4. *Place of Birth, (Street and Number)* 187 Patterson Park Ave Baltimore

5. *Full Name of Mother,* Mrs Annie Mary Hildith

6. *Mother's Maiden Name,* Annie Mary Cradle

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Mr Bruce Sinclair Hildith

9. *Father's Occupation,* Dock Building

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Wiley

Address, Mrs Wiley

Remarks, No 12 Patterson Park

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5972 a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Nov 21/82
4. *Place of Birth, (Street and Number)* 54 S. Exeter
5. *Full Name of Mother,* Caroline C. Joslin
6. *Mother's Maiden Name,* " " Rheinhardt
7. *Mother's Birthplace,* Bell
8. *Full Name of Father,* Geo. H. Joslin
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Morresanna N.Y.

Name of Medical Attendant, or other Person who makes this Return J. L. Wilkins

Address, 77 S. Broadway

Remarks, 7th month

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

59721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Brown
3. Date of Birth	Nov 21st 1882
4. Place of Birth (Street and Number)	No 1763, Durham St
5. Full Name of Mother	Annie Loocks
6. Mother's Maiden Name	Annie Brown
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Coaker Loocks
9. Father's Occupation	Public Hackman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Whitfield Wimsey
Address	1162 Gayetty St
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8 t

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 21, 82.
4. *Place of Birth, (Street and Number)* Gouf str No 241
5. *Full Name of Mother,* Emma Namann
6. *Mother's Maiden Name,* Kuhn
7. *Mother's Birthplace,* Friedrichsburg
8. *Full Name of Father,* Johann Namann
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Kurhessen

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Baubach

Address, P. Wolf str No 14

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO. CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 22 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Me C

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 21 of Nov.
4. *Place of Birth, (Street and Number)* No 199, Harford
5. *Full Name of Mother,* Junigunder Schmith
6. *Mother's Maiden Name,* Junigunder Frank
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Frank
9. *Father's Occupation,* Glue Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Lauer

Remarks, 173 Harford ave. 1882

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19724

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 21. 1882
4. *Place of Birth, (Street and Number)* Broadway & Chew St
5. *Full Name of Mother,* Mary Lion Russell
6. *Mother's Maiden Name,* Linn
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Francis H Russell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return — Mahlon Brewer MD

Address, 58 McCulloh St

Remarks,

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

59725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 21. 1882.
4. Place of Birth, (Street and Number) E. Balto St. No 194.
5. Full Name of Mother, Anna Schlörr
6. Mother's Maiden Name, Anna Schlörr
7. Mother's Birthplace, Balto City
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59726

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 21, 1892.
4. *Place of Birth, (Street and Number)* Erlean St. No 161.
5. *Full Name of Mother,* Louise Williams
6. *Mother's Maiden Name,* Louise White
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles Williams
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1 Dallas St. No 26.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59727

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 4 6

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 21. 82.
4. *Place of Birth, (Street and Number)* Fauntry str. 27
5. *Full Name of Mother,* Eva Klingelhefer
6. *Mother's Maiden Name,* Schild
7. *Mother's Birthplace,* Kur. Hessen
8. *Full Name of Father,* Karl Klingelhefer
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs F. Raubach

Address, 1 S. Wolf. 14

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 21. 82.
4. *Place of Birth, (Street and Number)* E. Lombardstr 339
5. *Full Name of Mother,* Maria Dickard
6. *Mother's Maiden Name,* Peterhofer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joh. Dickard
9. *Father's Occupation,* Hacktreiber
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm J. Baubach

Address, S. Wolf 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	Eleventh (11th)
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White.
3. *Date of Birth,*	November 21th 1882
4. *Place of Birth,* (Street and Number)	No 36, Barnes Str.
5. *Full Name of Mother,*	Marie Bores
6. *Mother's Maiden Name,*	Cunák
7. *Mother's Birthplace,*	Jestovitz Bohemia
8. *Full Name of Father,*	Joseph Bores
9. *Father's Occupation,*	Labor
10. *Father's Birthplace*	Okrohli Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes Str,
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 19730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* Nov 21 21
4. *Place of Birth,* (*Street and Number*) Hoffman St 166
5. *Full Name of Mother,* Hallie Mandilia Wm. Lewis.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Hagerstown Md.
8. *Full Name of Father,* William B Harvey.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Lynchburg Va

Name of Medical Attendant, or other Person who makes this Return J. Mrs. Gross.

Address,

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* Nov. 21st, 1882

4. *Place of Birth (Street and Number)* 42 & Jefferson St. Court.

5. *Full Name of Mother* Georgeana ~~Jones~~ Tate.

6. *Mother's Maiden Name* Jones

7. *Mother's Birthplace* Balto. Md.

8. *Full Name of Father* James Tate.

9. *Father's Occupation* Hostler.

10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Jones M.D.

Address 105 N. Central Ave.

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

59732

RETURN OF A BIRTH.

GIVEN NAME ADDED 12-7-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Walter Gorsuch Baynard

NOV 28 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 21st 1882.
4. Place of Birth (Street and Number)	151 Harford Ave.
5. Full Name of Mother	Hester Baynard.
6. Mother's Maiden Name	Hester Gorsuch.
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	W. H. Baynard.
9. Father's Occupation	Inspecter of buildings.
10. Father's Birthplace	Smyrna Del.
Name of Medical Attendant, or other Person who makes this Return.	John S Pennington M.D.
Address	134 N Carrollton Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 28 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 Nov 1882
4. *Place of Birth, (Street and Number)* Balto. Homestead at No 121
5. *Full Name of Mother,* Mary Fisher
6. *Mother's Maiden Name,* Mary Bleathaster
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Fisher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return Mary Kofford

Address, 69 N. Washington st Balto Md

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 19734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 29 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* November 21-92
4. *Place of Birth, (Street and Number)* 53 Penna. Avenue
5. *Full Name of Mother* Fannie Weis
6. *Mother's Maiden Name* Beneseh
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Weis
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N Greene

Remarks

RETURN OF A BIRTH 19735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC. 6 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* ~~female~~
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22/82
4. *Place of Birth, (Street and Number)* 18 St. Peter St
5. *Full Name of Mother,* Mary Conway
6. *Mother's Maiden Name,* " O'Connor
7. *Mother's Birthplace,* ~~Bal~~ Philadelphia Pa
8. *Full Name of Father,* Richard Conway
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 387 W Lombard St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 1936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	22 September 1936
4. *Place of Birth, (Street and Number)*	200 West St
5. *Full Name of Mother,*	Mary Hayward
6. *Mother's Maiden Name,*	Burkes
7. *Mother's Birthplace,*	West River
8. *Full Name of Father,*	Joseph Hayward
9. *Father's Occupation,*	Fisherman
10. *Father's Birthplace,*	West River
Name of Medical Attendant, or other Person who makes this Return	Gibson
Address,	Cross St 2016
Remarks,	

HEALTH DEPARTMENT OCT 1 1936 BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Btes Kind

1. *Sex, (state whether male or female)* Madchen
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren den 22ten Dezember
4. *Place of Birth, (Street and Number)* No 272. S. Brodway
5. *Full Name of Mother,* Emiline Hebel
6. *Mother's Maiden Name,* Emiline Schöfflein
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Gustaw Hebel
9. *Father's Occupation,* Steinhauer
10. *Father's Birthplace,* Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str

Remarks, Hebamme

NOV 23 1882

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 59738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 23 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5ter Kind

1. *Sex, (state whether male or female)* Mädchen

2. *Race or Color, (if not of the white race)* Weiß

3. *Date of Birth,* geboren den 22ten November

4. *Place of Birth, (Street and Number)* № 215. Register Str.

5. *Full Name of Mother,* Therese Werner

6. *Mother's Maiden Name,* Therese Peront

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry" Werner

9. *Father's Occupation,* Schiffmann

10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Friedrike Baufmann

Address, № 202. S. Dallas Str.

Remarks, Hebamme

WM. U. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

19739

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) first

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 22 od
4. Place of Birth, (Street and Number) Phyladelphia Road
5. Full Name of Mother, Katie Lammer
6. Mother's Maiden Name, Katie Lammer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Mr Whistler
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Dr R. H. Norris.

Address, Orangeville Balto Md

Remarks, An illegitament child can not. give every thing is accurate as if otherwise

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 9740

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 22nd of November 1882.
4. *Place of Birth, (Street and Number)* 26 South Exeter street.
5. *Full Name of Mother,* Eva Herold.
6. *Mother's Maiden Name,* Eva Eiring.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry Eiring
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chapel Street for Justina Kunkel

Remarks, Healthy.

NOV 24 1882

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 24 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd of November 1882.
4. *Place of Birth, (Street and Number)* Monument street.
5. *Full Name of Mother,* Dora Zeltner.
6. *Mother's Maiden Name,* Dora Hohmann.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Kaspar Hohmann.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 71 North Chappel street, per Justina Kunkel.

Remarks, Healthy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 9742

114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Sixth
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	Nov 22° 1882
4. *Place of Birth,* (*Street and Number*)	396 E Chase Street
5. *Full Name of Mother,*	Margaret Kimmet Stauffer
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gustav Kimmett
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M D
Address,	88 N Eutaw Street
Remarks,	

NOV 24 1882

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child. Harry C. Zwick.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	29th November 1882
4. *Place of Birth, (Street and Number)*	Highland Avenue No. 6
5. *Full Name of Mother,*	Bertha Zwick
6. *Mother's Maiden Name,*	Bertha Metzger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Zwick
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 16 Patterson Park
Remarks,	

NOV 25 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. J. O. DELANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Nov
4. *Place of Birth, (Street and Number)* No 251 Charles St
5. *Full Name of Mother,* Kate Loeffler
6. *Mother's Maiden Name,* Kate Heyer
7. *Mother's Birthplace,* Hanover
8. *Full Name of Father,* Heat Loeffler
9. *Father's Occupation,* Baker Waske
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return Sabina Griesdale

Address, 1012 West St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59745

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1 272 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22 1882
4. *Place of Birth, (Street and Number)* Holland Tow Balt
5. *Full Name of Mother,* Minnie Meyers
6. *Mother's Maiden Name,* Mrs Schroder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Meyers
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs C Fray

Address, 193 Chester

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Novmber 22 - 1852
4. *Place of Birth, (Street and Number)* No. 188 Saratoga St.
5. *Full Name of Mother,* Ella Adams Mifflin
6. *Mother's Maiden Name,* Ella Adams
7. *Mother's Birthplace,* Winchester Virginia U.S.A.
8. *Full Name of Father,* Robert W. Mifflin
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Germantown Pennsylvania U.S.A

Name of Medical Attendant, or other Person who makes this Return R. W. Mifflin M.D

Address, No. 188 Saratoga St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTRAR DEPARTMENT NOV 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex. (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 22, 1882.
4. *Place of Birth, (Street and Number)* E. Fayette St. No 255.
5. *Full Name of Mother,* Eleonora Werner
6. *Mother's Maiden Name,* Eleonora Weyward
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Werner
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Boston St. Mass. U.S.

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1 Dallas St. No 26,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex,* (*state whether* ~~male~~ *or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Nov. 22. 1882
4. *Place of Birth,* (*Street and Number*) Fauntrystr No 45
5. *Full Name of Mother,* Kunikunde Durwes
6. *Mother's Maiden Name,* Liebert
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Heinrich Durwes
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanny Raubuch

Address, S. Wolfstr No 14

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

59749

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 22
4. *Place of Birth, (Street and Number)* Baltimore 233 green
5. *Full Name of Mother,* saley Moreal
6. *Mother's Maiden Name,* saley Morgarty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Amos Moreal
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Marrier pitter

Address, Hamburg st 23

Remarks, I should of sent In some I had [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

S 7750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*)	1st.
1. *Sex.* (*state whether male or female*)	Boy
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	Wednesday Nov 22nd 1882.
4. *Place of Birth,* (*Street and Number*)	Forest Place & Chase St,
5. *Full Name of Mother,*	Clara May Stone
6. *Mother's Maiden Name,*	Clara M Brinton.
7. *Mother's Birthplace,*	Cecil Co. Md.
8. *Full Name of Father,*	Jam R Stone.
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	20½ Greenmount Ave,
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 89751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	7th Child
1. *Sex,* (*state whether male or female*)	male
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	November 22nd 1882.
4. *Place of Birth,* (*Street and Number*)	Garrett Alley no number
5. *Full Name of Mother,*	Anna Dabus
6. *Mother's Maiden Name,*	Herr
7. *Mother's Birthplace,*	Hessen Darmstadt.
8. *Full Name of Father,*	Gerlach Dabus
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Hessen Darmstadt.
Name of Medical Attendant, or other Person who makes this Return	Mrs Maria Virch
Address,	corner 328 S Eutaw St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 8782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

11
"

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 22nd
4. *Place of Birth, (Street and Number)*	No 197 East St-
5. *Full Name of Mother,*	Annie Keenan
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Edw Keenan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

19713

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 22nd 1882
4. *Place of Birth (Street and Number)* 10 Boyd St
5. *Full Name of Mother* Isabella Bailey
6. *Mother's Maiden Name* Isabella Gibson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alfred Bailey
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Calhoun

Address 343 W. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59754

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 November
4. *Place of Birth, (Street and Number)* 118 Leadenhall St
5. *Full Name of Mother,* Mary Topp
6. *Mother's Maiden Name,* Mary Seipp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Topp
9. *Father's Occupation,* City Work
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Ralf Munch

Address, 1 Leadenhall St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 22 November 1882

4. *Place of Birth, (Street and Number)* 222 Cookie. st Baltimore

5. *Full Name of Mother,* Maggie Lang

6. *Mother's Maiden Name,* Maggie Kane

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Lang

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Maggie Ellis

Address, 13 Cuba, St

Remarks.

RECEIVED DEC 12 1882 BALTIMORE

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 23, 1882
4. *Place of Birth, (Street and Number)*	557 W. Lombard st.
5. *Full Name of Mother,*	Sophia E. Riley
6. *Mother's Maiden Name,*	Gray
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. A. Riley
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	322 Hollins st.
Remarks,	Fine little babe

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 25 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 23d. 11. P.M.
4. *Place of Birth, (Street and Number)*	511. Saratoga St.
5. *Full Name of Mother,*	May Dorsey.
6. *Mother's Maiden Name,*	May Corcoran
7. *Mother's Birthplace,*	Birmingham. England
8. *Full Name of Father,*	Charles. E. Dorsey.
9. *Father's Occupation,*	Carriage Painter
10. *Father's Birthplace.*	Baltimore. Md
Name of Medical Attendant, or other Person who makes this Return	A. H. Saxton. M D
Address,	
Remarks,	(Instrumental delivery)

Correct Return of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

I. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 23 1882

No. of Child of Mother, ~~(state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* Nov 23rd/882
4. *Place of Birth,* (Street and Number) 254 E Pratt St
5. *Full Name of Mother,* Teresia Schutz
6. *Mother's Maiden Name,* " König
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Schutz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Lloyd Sheetzer M.D.

Address, 11 S. High St

Remarks, A regular "Jumbo Baby."

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

59759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Benjamin Maitland Du Bois

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 23rd 1882
4. Place of Birth, (Street and Number) Madison Avenue Extended near Bdy Av
5. Full Name of Mother, Mary Ann Maitland Du Bois
6. Mother's Maiden Name, Maitland
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Edmund C. (Edward) Du Bois
9. Father's Occupation, Custom House
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Dr Caleb Winslow

Address, 23 McCulloh St

Remarks, Baltimore

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 24 1882 BALTIMORE

...Y & CO. CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

S 9760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 23rd 82
4. *Place of Birth (Street and Number)* 5 Henry St.
5. *Full Name of Mother* Maria Lauk
6. *Mother's Maiden Name* Maria Bernhardt
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* Karl Lauk
9. *Father's Occupation* Glass-blower
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. W. C. Sandrock M. D.

Address 227 Hanover St.

Remarks

RETURN OF A BIRTH 59761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 27 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of Nov
4. *Place of Birth, (Street and Number)* No 135 West St
5. *Full Name of Mother,* Harry Caster
6. *Mother's Maiden Name,* Harry Schmith
7. *Mother's Birthplace,* Calan county
8. *Full Name of Father,* John Caster
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Calan county

Name of Medical Attendant, or other Person who makes this Return Dr. Griddle

Address, No 120 West St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9/62

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Thursday 23d Nov. 1882
4. *Place of Birth, (Street and Number)*	No 104 S. Duncan Alley
5. *Full Name of Mother,*	Mary Richard
6. *Mother's Maiden Name,*	Mary Galloway
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Richard
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Giles
Address,	No 12 Patterson Park Ave
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 23 1882
4. *Place of Birth, (Street and Number)* Vincent Alley 28
5. *Full Name of Mother,* Agnes Thomson
6. *Mother's Maiden Name,* Agnes Thomson
7. *Mother's Birthplace,* Agnes Thomson Tidemar
8. *Full Name of Father,* Edward Thomson
9. *Father's Occupation,* Daily Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Caroline Anderson

Address, Vincent Alley 26

Remarks, None

Extract Regulations ... a fair and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 17764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1882

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	6 Child
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White 1882
3. *Date of Birth.*	23 of November
4. *Place of Birth.* (*Street and Number*)	Canton Av
5. *Full Name of Mother.*	Menie Kimmer
6. *Mother's Maiden Name.*	Bellman
7. *Mother's Birthplace.*	Baltimore
8. *Full Name of Father.*	Charles Kimmer
9. *Father's Occupation.*	Sailor
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Riley
Address.	No 12 Patterson Park Av.
Remarks.	

"That any physician, accoucheur, midwife, or other person who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Regulations of the Board of Health to secure ... Certificate.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) Sixth

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, November 28. 1882
4. *Place of Birth*, (*Street and Number*) 281 N Amm St
5. *Full Name of Mother*, Anna C Brooks
6. *Mother's Maiden Name*, Loud
7. *Mother's Birthplace*, New York
8. *Full Name of Father*, Shadrick Brooks
9. *Father's Occupation*, Segar Maker
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Elliott

Address, 286 N Donogh st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19766

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Nov 23rd 1882
4. *Place of Birth*, (*Street and Number*)	233 S. Charles st
5. *Full Name of Mother*,	Lentia Hesse
6. *Mother's Maiden Name*,	Lentia Thum
7. *Mother's Birthplace*,	Baltimore Md
8. *Full Name of Father*,	Frederick Hesse
9. *Father's Occupation*,	Steel Smith
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	Theodor Cook M.D.
Address,	146 Hanover st
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 23 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~2d~~ Eleventh

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Nov 23rd 1882
4. *Place of Birth* (Street and Number) 176 W John St
5. *Full Name of Mother* Josephine W Fuller
6. *Mother's Maiden Name* Josephine R Walker
7. *Mother's Birthplace* Beaufort SC
8. *Full Name of Father* Beauf Robert Means Fuller
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Beaufort SoCa

Name of Medical Attendant, or other Person who makes this Return. Edmund K Walker M D

Address 183 Linden Ave

Remarks L O a - easy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

19765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Chestow Quaker Neck Cecil

1. *Sex, (state whether male or female)* B Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 40 Clock Nov 23
4. *Place of Birth, (Street and Number)* Woodyear No 50
5. *Full Name of Mother,* Anna M Broadway
6. *Mother's Maiden Name,* Anna M Reese
7. *Mother's Birthplace,*
8. *Full Name of Father,* Thom W Broadway
9. *Father's Occupation,* Framing
10. *Father's Birthplace,* Centre

Name of Medical Attendant, or other Person who makes this Return Georgeanna Web

Address, Stort Allen 4

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 23: 1882
4. *Place of Birth, (Street and Number)* 533 Druid Hill Ave
5. *Full Name of Mother,* Sallie Hanna
6. *Mother's Maiden Name,* " Griffith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hugh B. Hanna
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return D. C. Williams M.D.

Address, 201 Madison Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female).*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 23rd 1882
4. *Place of Birth, (Street and Number)*	No. 100 Hudson Street
5. *Full Name of Mother,*	Ellen Callenberger
6. *Mother's Maiden Name,*	Ellen Taylor
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Stephen Callenberger
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Carroll County
Name of Medical Attendant, or other Person who makes this Return	Mrs Sarah Sullens
Address,	104 Curley Street canton
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 9771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) —

1. *Sex (state whether* ~~male or~~ *female)* —
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth* November 23rd 1882.
4. *Place of Birth, (Street and Number)* 221 Bank St.
5. *Full Name of Mother* Ida Eugenia Roberts.
6. *Mother's Maiden Name* Ida E. Andrews
7. *Mother's Birthplace* Dorchester County Md.
8. *Full Name of Father* Oliver Troup Roberts
9. *Father's Occupation* Oyster Trader
10. *Father's Birthplace* Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell, Sr.

Address 207 S. Broadway.

Remarks —

RETURN OF A BIRTH 59772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, November 23d 1882
4. Place of Birth, (Street and Number) No 123 S Eden st
5. Full Name of Mother, Anna Trottstone
6. Mother's Maiden Name, " Ely
7. Mother's Birthplace, City
8. Full Name of Father,
9. Father's Occupation, Albert Trottstone
10. Father's Birthplace, Ice man City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 19773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 23
4. *Place of Birth, (Street and Number)* 102 Scott st
5. *Full Name of Mother* Mary E. Allen (grave)
6. *Mother's Maiden Name* Mary F. Allen
7. *Mother's Birthplace* Md
8. *Full Name of Father* John (grave)
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Conrad

Address 317 First avenue

Remarks Mother and babe doing well

RETURN OF A BIRTH 9774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV. 28, 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd of November 1882.
4. *Place of Birth, (Street and Number)* 246 Columbia ave
5. *Full Name of Mother,* Ricke Rubland.
6. *Mother's Maiden Name,* Ricke Linnith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H. Rubland.
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A Shipe

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	4th Child.
1. *Sex*, (*state whether male or female*)	Female.
2. *Race or Color*, (*if not of the white race*)	White.
3. *Date of Birth*,	Thursday Nov 23rd, 1882
4. *Place of Birth*, (*Street and Number*)	131 Cathy St.
5. *Full Name of Mother*,	Ella L Stone
6. *Mother's Maiden Name*,	Ella Eppler
7. *Mother's Birthplace*,	Harrisburg.
8. *Full Name of Father*,	John L Stone
9. *Father's Occupation*,	Car conductor on N.C.R.R.
10. *Father's Birthplace*,	Westminster Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25 ½ Greenmount Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* November 23d 4:45 P.M.
4. *Place of Birth,* (Street and Number) No. 7 Russel St
5. *Full Name of Mother,* Annie Barcaut
6. *Mother's Maiden Name,* Baker
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* George W. Barcaut
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. Chas. V. Adducci.

Address, N. E. Cor. Columbia Ave. & Russel St.

Remarks, Child still-born.

NOV 29 1932 BALTIMORE

JOHN B. FIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 19777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*)	5
1. *Sex,* (*state whether male or female*)	male
2. *Race or Color,* (*if not of the white race*)	colard
3. *Date of Birth,*	may 23 Stirling st
4. *Place of Birth,* (*Street and Number*)	132
5. *Full Name of Mother,*	Agatta Todd
6. *Mother's Maiden Name,*	Agatta Trusty
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Thomas Todd
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other Person who makes this Return	mrs Leah Johnson
Address,	no 31 short st
Remarks,	healthy child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* may 23
4. *Place of Birth, (Street and Number)* Hollins st no 17
5. *Full Name of Mother* Elizzebeth Greenwood
6. *Mother's Maiden Name,* Elizzebeth Spellich
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* William Greenwood
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore md

Name of Medical Attendant, or other Person who makes this Return md Leah Johnson

Address, no 30 west st

Remarks, breeching child

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health ... ensure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 23rd 1882
4. *Place of Birth, (Street and Number)*	Port Alley near Alicanna St.
5. *Full Name of Mother,*	Margaret Shach
6. *Mother's Maiden Name,*	Baltimore City
7. *Mother's Birthplace,*	Louis Lahfs
8. *Full Name of Father,*	Blacksmith
9. *Father's Occupation,*	Baltimore City
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 65 Burke St.
Remarks,	Child's name - Mary Ann

NOV 29 1882 BALTIMORE

WM. J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 23rd 1882
4. *Place of Birth, (Street and Number)* No. 34 N Caroline St
5. *Full Name of Mother,* Lizzie Kriege
6. *Mother's Maiden Name,* E Bishop
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Kriege
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55 S Bond St

Remarks,

"That any physician, accou[illegible], midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

9781

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 26 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3d) Third

1. *Sex (state whether ~~Male or~~ Female)* Female
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* November 24/82
4. *Place of Birth (Street and Number)* 518 W. Fayette St
5. *Full Name of Mother* Mary L. Kirkman
6. *Mother's Maiden Name* Mary L. Vest
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Wilson Kirkman
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell M.D.

Address 642 W. Fayette St

Remarks (Should have sent sooner but overlooked it - my practice being partly in city and partly in county)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3.

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 24 November
4. *Place of Birth*, (*Street and Number*) 217 Aliceanna street
5. *Full Name of Mother*, Bridget Sellet
6. *Mother's Maiden Name*, Wheelan
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Francis Sellet
9. *Father's Occupation*, Labourer
10. *Father's Birthplace*. Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19/83

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (*state whether male* ~~or female~~)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* November 24th 1882
4. *Place of Birth,* (*Street and Number*) No 39. Watson St
5. *Full Name of Mother,* Ella Louisa Neudecker
6. *Mother's Maiden Name,* " " Meade
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Henry Neudecker
9. *Father's Occupation,* Tobacco Merchant
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return W. L. Russell

Address, No 238 N Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 25 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	November 24th '82. 3 A. M.
4. *Place of Birth*, (*Street and Number*)	445 Lexington St
5. *Full Name of Mother*,	Adelaid Wilbor
6. *Mother's Maiden Name*,	Adelaid Thomas
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Joseph Wilbor
9. *Father's Occupation*,	Grocer & Provision Dealer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A. H. Sapton M D
Address,	"
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 25 1882

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 24. at 4 Oclock a m.
4. *Place of Birth, (Street and Number)* King Street 44
5. *Full Name of Mother,* Ema J. Revoy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calverd County Md.
8. *Full Name of Father,*
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Neley White

Address, 46 King street

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 17786

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 25 1882

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex,* (state whether male or female)	Female
2. *Race or Color,* (if not of the white race)	White.
3. *Date of Birth,*	Nov. 24. 1882.
4. *Place of Birth,* (Street and Number)	640 Round Hill Ave.
5. *Full Name of Mother,*	Mary E. Clayton
6. *Mother's Maiden Name,*	Mary E. Keyser.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodore Clayton
9. *Father's Occupation,*	Employed by Pacific R. R. Co.
10. *Father's Birthplace,*	Cecil County
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M. D.
Address,	227 Carrollton Ave
Remarks,	Child Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19787

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 5-13-53 BALTIMORE CITY.

Given Name: Mabel Beaver

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 24th. 1882.
4. *Place of Birth, (Street and Number)*	No. 147 E. Madison St.
5. *Full Name of Mother,*	Anna Beaver
6. *Mother's Maiden Name,*	Anna White
7. *Mother's Birthplace,*	New York.
8. *Full Name of Father,*	John Beaver
9. *Father's Occupation,*	Horsesmaker
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Bell
Address,	No. 185 S. E. cor. Centre av. & Monument St.
Remarks,	All Well

DEC 2 1882

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59788

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Nov 25th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 24th 1882
4. *Place of Birth, (Street and Number)* 189 Washington Street
5. *Full Name of Mother,* Louisia Puschel
6. *Mother's Maiden Name,* Louisia Hamilton
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Puschel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, 137 South Wolfe St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19789

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether*~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* November 24th 1882.
4. *Place of Birth (Street and Number)* 221 West Fayette St,
5. *Full Name of Mother* Mary A. Friers,
6. *Mother's Maiden Name* Mary A. Meyer.
7. *Mother's Birthplace* Baltimore City,
8. *Full Name of Father* Earnest Friers,
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozer M.D.

Address 275 W Lexington St

Remarks

Over

RETURN OF A BIRTH 19792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) fourth

1. *Sex.* (*state whether male or female*) (~~Female~~) Male

2. *Race or Color.* (*if not of the white race*) White

3. *Date of Birth,* 24 November

4. *Place of Birth,* (*Street and Number*) 850 East Pratt St

5. *Full Name of Mother.* Catherine (Katie) Agnes (Morrissett) Morrissett

6. *Mother's Maiden Name,* Decker

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* William (Morrissett) Morrissett

9. *Father's Occupation,* pipe fitter ~~Electrician~~

10. *Father's Birthplace,* ~~Italy~~ Richmond Va

Name of Medical Attendant, or other Person who makes this Return Anne Gardner

Address, 1945 E. Monument St

Remarks. Full name of child - Henry Howard Morrissett

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5 th

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Color
3. *Date of Birth,* 125 N Dallast St
4. *Place of Birth,* (*Street and Number*) Born on 24 of november
5. *Full Name of Mother,* Margret Cauper
6. *Mother's Maiden Name,* Margret Holley
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father,* Mepher Cauper
9. *Father's Occupation,* boat Scanning
10. *Father's Birthplace,* Born in Baltimor

Name of Medical Attendant, or other Person who makes this Return Mary Wallis

Address, 125 N Carlines St

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 19792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 1 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* November 24th 1882
4. *Place of Birth, (Street and Number)* No 24 Heath st
5. *Full Name of Mother* Magdalena Leibel
6. *Mother's Maiden Name* Magdalena Frank
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fredrick Leibel
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennany

Address No 18 Byrd st

Remarks

RETURN OF A BIRTH 19793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	Second
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	November 24. '82
4. *Place of Birth*, (*Street and Number*)	118 Jefferson St
5. *Full Name of Mother*,	Ella M Bacon
6. *Mother's Maiden Name*,	Harris
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Joshua R Bacon
9. *Father's Occupation*,	Brakeman
10. *Father's Birthplace*,	Balto Co
Name of Medical Attendant, or other Person who makes this Return	Henry A Allen
Address,	286 N Broadway St
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: John Slicer Swayne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex,* (state whether male or female)	male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	24 of November
4. *Place of Birth,* (Street and Number)	59 Lemmon, between Penna Ave
5. *Full Name of Mother,*	Mary ~~Swayne~~ Swayne
6. *Mother's Maiden Name,*	Mary Konig
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	George ~~Swayne~~ Swayne
9. *Father's Occupation,*	Puddler
10. *Father's Birthplace,*	Baltimore County.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sullivan
Address,	10 Essex st.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 9795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Adam Riefner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 24 1882
4. *Place of Birth, (Street and Number)*	# 274 E. Pratt St
5. *Full Name of Mother,*	Ama Riefner
6. *Mother's Maiden Name,*	Kolb
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Henry Riefner
9. *Father's Occupation,*	Tiner
10. *Father's Birthplace.*	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louise Kraft
Address,	236 Canton Ave
Remarks, GIVEN NAME ADDED.	10-23-53 L.M.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Collard
3. *Date of Birth,*	November 24th 1882.
4. *Place of Birth, (Street and Number)*	No. 58 N. Spring St.
5. *Full Name of Mother,*	Estell Hillyet.
6. *Mother's Maiden Name,*	" White
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Austin Hillyet
9. *Father's Occupation,*	Chemist Dealer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A Budd.
Address,	No 185 S.E. cor. Central av & Monument St
Remarks,	All Well

DEC 2 1882

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 24th 1882

4. *Place of Birth, (Street and Number)* 105 Light St

5. *Full Name of Mother,* Ellen Kirk

6. *Mother's Maiden Name,* " " Fitzgerald

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Timothy Kirk

9. *Father's ~~Occupation~~,* Dead

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm Gambel M.D.

Address, 1705 Sharp St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	11th Child
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	Nov 24th 1882
4. *Place of Birth,* (*Street and Number*)	No. 5 Elisabeth Lane
5. *Full Name of Mother,*	Caroline Gesang
6. *Mother's Maiden Name,*	Wessel
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Bernhardt Gesang
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schroeder midwife
Address,	330 Hanover st.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 17 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Nov. 24th
4. *Place of Birth, (Street and Number)* 92 Eutaw
5. *Full Name of Mother,* Emma S. Focke
6. *Mother's Maiden Name,* Emma Schmidt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry S. Focke
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. P E Chataud Jr

Address, 114 Park Ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Friday Nov 24th 1882
4. *Place of Birth, (Street and Number)*	260 Chew St.
5. *Full Name of Mother,*	Libby Clark Wonderly.
6. *Mother's Maiden Name,*	Libby Clark.
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Harry Wonderly.
9. *Father's Occupation,*	An Employee in W. Union Telegraph Co
10. *Father's Birthplace,*	Pennsylvania.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25½ Greenmount Ave.
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Friday Nov 24th. 1882.
4. *Place of Birth, (Street and Number)*	108 ½ Pine St.
5. *Full Name of Mother,*	Mary E. Bloomfield.
6. *Mother's Maiden Name,*	Mary E. Waggner.
7. *Mother's Birthplace,*	Balto-Md.
8. *Full Name of Father,*	Chas. M. Bloomfield.
9. *Father's Occupation,*	Foundery Man.
10. *Father's Birthplace,*	St Louis. Mo.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25 ½ Greenmount ave.
Remarks,	

DEC 2 1882

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1892 J 7802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 8th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Nov. 24.
4. *Place of Birth,* (*Street and Number*) No. 53 south Caroline st
5. *Full Name of Mother,* Anna Holland Holland
6. *Mother's Maiden Name,* " Pyle
7. *Mother's Birthplace,* Harford Co.
8. *Full Name of Father,* John W. Holland Holland
9. *Father's Occupation,* Ice driver
10. *Father's Birthplace.* Harford Co.

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No. 70 Granby st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Seventh
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	Black
3. *Date of Birth*,	November 24th 1882
4. *Place of Birth*, (*Street and Number*)	No 65 Castle Alley
5. *Full Name of Mother*,	Margaret O'Dowd
6. *Mother's Maiden Name*,	Margaret Craven
7. *Mother's Birthplace*,	Ireland
8. *Full Name of Father*,	Martin O'Dowd
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs. Rachel L. Garrett
Address,	No 65 Park St.
Remarks,	Child's name - Margaret

NOV 29 1882 BALTIMORE

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19504

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1932

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 24.
4. *Place of Birth, (Street and Number)* 456 West Coat St
5. *Full Name of Mother,* Louisa Ahland
6. *Mother's Maiden Name,* Louisa Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Ahland
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm Seabrook

Address, 1437 West Coat St

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57805

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d Child

1. *Sex,* (*state whether male or female*) Female.

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* Nov. 25th 1882

4. *Place of Birth,* (*Street and Number*) 159 Columbia Ave.

5. *Full Name of Mother,* Amelia Mochlhenrich

6. *Mother's Maiden Name,* " Fehner.

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* Henry Mochlhenrich.

9. *Father's Occupation,* Cabinet Maker.

10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return R. J. H. Tall. M.D.

Address, 152 Sharp St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of Nov
4. *Place of Birth, (Street and Number)* No 87 Johnson St
5. *Full Name of Mother,* Anna Fritz
6. *Mother's Maiden Name,* Anna Wagner
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Andrew Fritz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Seidler

Address, [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 21 1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Brown complexion
3. *Date of Birth,* November 25th 1882
4. *Place of Birth,* (Street and Number) Hargrove Alley, (near Franklin St)
5. *Full Name of Mother,* Emma White
6. *Mother's Maiden Name,* Frisby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John White
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

0000 17808

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name · Howard Brent

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 25th 1882
4. *Place of Birth, (Street and Number)*	#184 East Street
5. *Full Name of Mother*	Mary Brent
6. *Mother's Maiden Name,*	" (Ryan) Parker
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Joseph Brent
9. *Father's Occupation,*	(Retired) Railroad
10. *Father's Birthplace.*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Anna Killeyeist
Address,	#182 E. Monument St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 27 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Nov. 25, 1882.
4. *Place of Birth, (Street and Number)* 363 Cross St. Cor Sight
5. *Full Name of Mother,* Annie Zengraft.
6. *Mother's Maiden Name,* Annie Foster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Zengraft
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash

Address, 107 Johnson St. Baltimore Md.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 27 1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 25. 1882
4. *Place of Birth, (Street and Number)* 308 Johnson St Baltimore Md
5. *Full Name of Mother,* Kate Wentworth
6. *Mother's Maiden Name,* Kate Stubard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Oliver Wentworth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash

Address, 107 Johnson St. Baltimore Md.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 57811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25 1882
4. *Place of Birth, (Street and Number)*	Baltimore City No 8 Chester st
5. *Full Name of Mother,*	Elisabeth Evans
6. *Mother's Maiden Name,*	Elisabeth Banner
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Benjamin Evans
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Baltimore Mrs Wiley
Address,	No 12 Patterson Park Av
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 lb.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Bone on 25 of novembe
4. Place of Birth, (Street and Number) 133 N Carlines st
5. Full Name of Mother, Leaker Fran
6. Mother's Maiden Name, Leaker Dixson
7. Mother's Birthplace, Bone in Baltimore
8. Full Name of Father, Charles Fran
9. Father's Occupation, Lebber
10. Father's Birthplace, Bone in Baltimore

Name of Medical Attendant, or other Person who makes this Return Morry Walti

Address, 125 N Carlines st

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 19812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Bone on 25 of novmbr
4. *Place of Birth, (Street and Number)* 133 N Carlines st
5. *Full Name of Mother,* Leaher gran
6. *Mother's Maiden Name,* Leaher Dixson
7. *Mother's Birthplace,* Bone in Baltimor
8. *Full Name of Father,* Charles gran
9. *Father's Occupation,* Lebber
10. *Father's Birthplace,* Bone in Baltimor

Name of Medical Attendant, or other Person who makes this Return Morry Walter

Address, 125 N Carlines st

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3 M

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born on 23 of november
4. Place of Birth, (Street and Number) 306 E Mounment St
5. Full Name of Mother. Annay Carroll
6. Mother's Maiden Name. Annay Wabrs
7. Mother's Birthplace. Born in Baltimore
8. Full Name of Father. Charles Carroll
9. Father's Occupation, non
10. Father's Birthplace, Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 123 N Carlines St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

MULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	One Child
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	Colored Race
3. *Date of Birth*,	101 Durham
4. *Place of Birth*, (*Street and Number*)	Nov 25 1892
5. *Full Name of Mother*,	Edna Carr
6. *Mother's Maiden Name*,	Edna Ross
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John Carr
9. *Father's Occupation*,	Labor
10. *Father's Birthplace*,	Cambridge Dorchester County
Name of Medical Attendant, or other Person who makes this Return	Cornelius Rochford
Address,	136 N Register St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mrs Hunter Pinkney No 25 18

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Nove 25 1882
4. Place of Birth, (Street and Number) Shuter Street No 2
5. Full Name of Mother, Mrs Hunter Pinkney
6. Mother's Maiden Name, Miss Hunter Johnson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jeremire Pinkney
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Annie Dunton

Address, No 122 North Dallas St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1816

To the Office of Registrar of Vital Statistics, Board of Health,

" BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 18 82
4. *Place of Birth, (Street and Number)*	155 St Paul St
5. *Full Name of Mother,*	Julia A White
6. *Mother's Maiden Name,*	Julia A Jones
7. *Mother's Birthplace,*	Marietta Ohio
8. *Full Name of Father,*	Gideon White
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	A W Turner
Address,	143 St Charles St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Collord
3. *Date of Birth,* November. 19.
4. *Place of Birth, (Street and Number)* 92. Plum Ally
5. *Full Name of Mother.* Anna Griffin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father.* Steve. Dillsha
9. *Father's Occupation,* Laberer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Anna Johnson

Address, 103 Plum. Ally

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	November 20. 1882.
4. *Place of Birth, (Street and Number)*	890 E Chase St.
5. *Full Name of Mother,*	Anna E Carroll Stewart
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. H Carroll
9. *Father's Occupation,*	Car Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	286 McDonough st
Remarks,	

JOHN DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 25 November
4. *Place of Birth, (Street and Number)* 68 Mash market space
5. *Full Name of Mother* Ida Marks
6. *Mother's Maiden Name,* Fritzle
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* Harry Marks
9. *Father's Occupation,* Clothing store
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Illig

Address, 48 Holland St

Remarks,

DEC 11 1882

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

22

RETURN OF A BIRTH, 5982 A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Nov. 25/82.
4. *Place of Birth, (Street and Number)* 14 Clarke St.
5. *Full Name of Mother* Matilda S. Derr.
6. *Mother's Maiden Name* Weddigen
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Charles H. Derr.
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fettenhoff M.D.

Address 205 W. Biddle St.

Remarks

RETURN OF A BIRTH 59821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 25, 1882
4. *Place of Birth, (Street and Number)* Canton Av. No. 288.
5. *Full Name of Mother,* Kathe Besser
6. *Mother's Maiden Name,* Kathe Schien
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles Besser
9. *Father's Occupation,* Cigarren maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No. 26.

Remarks, dead born

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 25th 1882
4. *Place of Birth, (Street and Number)* No 2 Mason alley
5. *Full Name of Mother,* Martha Brooks
6. *Mother's Maiden Name,* Martha Chase
7. *Mother's Birthplace,* Talbert County Md
8. *Full Name of Father,* William Brooks
9. *Father's Occupation,* Yard carrier
10. *Father's Birthplace,* Talbert County Md

Name of Medical Attendant, or other Person who makes this Return Sarah C Smothers

Address, No 35 George st alley

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19823

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 25 1882
4. *Place of Birth, (Street and Number)*	Emma Mueller / the above is named below it was through a mistake
5. *Full Name of Mother,*	Korbler
6. *Mother's Maiden Name,*	Germany
7. *Mother's Birthplace,*	Alfred Mueller
8. *Full Name of Father,*	Laborer
9. *Father's Occupation,*	Germany
10. *Father's Birthplace.*	117 Thames St
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19824

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	~~Baltimore~~ Nov 25. 1882
4. Place of Birth (Street and Number)	Baltimore 131. Ridgley St
5. Full Name of Mother	Johanner Thurn
6. Mother's Maiden Name	Johanner Sulman
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Thurn
9. Father's Occupation	Cages maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mac Mary L Shaffer
Address	114 Ridgley St
Remarks	Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Nov 28th 1882
4. *Place of Birth, (Street and Number)* 691 Saratoga St
5. *Full Name of Mother,* Annie Savage
6. *Mother's Maiden Name,* Annie Savage
7. *Mother's Birthplace,* Eastern Shore, Md
8. *Full Name of Father,* Len Wilson
9. *Father's Occupation,* Not known.
10. *Father's Birthplace,* Eastern Shore, Md.

Name of Medical Attendant, or other Person who makes this Return Amanda E. Taylor M.D

Address, 95 North Stricker St

Remarks. Illegitimate.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5982b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Nov. 25th 1882
4. Place of Birth (Street and Number) 52 Short St.
5. Full Name of Mother Florence F. Mace
6. Mother's Maiden Name Allen
7. Mother's Birthplace ~~Cicel~~ Cicel County Md.
8. Full Name of Father Millard F. Mace
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Francis A. Pauer M.D.

Address 105 N. Central Ave

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 1982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Fifth Child

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) Colored

3. *Date of Birth,* 25 November 1882

4. *Place of Birth,* (*Street and Number*) No 67 Watergat Alley

5. *Full Name of Mother,* Rachel Turner

6. *Mother's Maiden Name,* Carroll

7. *Mother's Birthplace,* Carroll Co Md

8. *Full Name of Father,* Abram Bright

9. *Father's Occupation,* Oyster Shucker

10. *Father's Birthplace,* St Mary's Co Md.

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, No 67 Watergat Alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59828

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 25—82.
4. Place of Birth (Street and Number)	222 Conway St.
5. Full Name of Mother	Elizabeth Perry
6. Mother's Maiden Name	Elizabeth Ash
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm. H. Perry
9. Father's Occupation	Police Officer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Tyler Smith M.D.
Address	221 Bank St.
Remarks	Easy labor

RETURN OF A BIRTH 19829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) White.

3. *Date of Birth,* November 25th; 8:50 a.m.

4. *Place of Birth,* (Street and Number) Nr. 574 S. Howard St,

5. *Full Name of Mother,* Lucy Gould,

6. *Mother's Maiden Name,* Melyers.

7. *Mother's Birthplace,* Balto. City.

8. *Full Name of Father,* Eugene Gould.

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. David A. Elderdice

Address, N.E. Cor. Columbia Ave. & Fremont St.

Remarks, Child in good physical Condition & living.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 5730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPT. NOV 29 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* nov 25
4. *Place of Birth, (Street and Number)* 123 central ave
5. *Full Name of Mother,* Ellen Buck
6. *Mother's Maiden Name,* Ellen Sims
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Buck
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return mrs Sarah Johnson

Address, no 31 Stuart st

Remarks, healthy child

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1902

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* November 25th
4. *Place of Birth, (Street and Number)* 65 Pine st.
5. *Full Name of Mother.* Maggie McMahon
6. *Mother's Maiden Name.* Maggie Dunn
7. *Mother's Birthplace.* Baltimore.
8. *Full Name of Father.* Patrick McMahon
9. *Father's Occupation.* Grocer
10. *Father's Birthplace.* Ireland

Name of Medical Attendant, or other Person who makes this Return Sulzbach

Address, ~~65 Pine St~~ 439 West Pratt St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 November 1882
4. *Place of Birth, (Street and Number)* Fort Avenue
5. *Full Name of Mother,* Elisabeth Lebbihesen
6. *Mother's Maiden Name,* Elisabeth Prenger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Garret Lebbihesen
9. *Father's Occupation,* Tavorer
10. *Father's Birthplace,* Germna

Name of Medical Attendant, or other Person who makes this Return Magie Ettel

Address. No 13 Cutlia Street

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

57

RETURN OF A BIRTH 19833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	25 November
4. *Place of Birth, (Street and Number)*	Burke st 150
5. *Full Name of Mother,*	Mary Wade
6. *Mother's Maiden Name,*	Mary Clark
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Wade
9. *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Sullivan
Address,	10 Essex st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19834

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC. 6 1902 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Sunday November 26th
4. *Place of Birth (Street and Number)* 64 East St
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Monrovia Africa
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Jno D. Pastor

Address No 17 Hamilton St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov 26th 1882
4. *Place of Birth, (Street and Number)*	27 North Eden st
5. *Full Name of Mother,*	Mary Wakeland
6. *Mother's Maiden Name,*	Mc Fadden
7. *Mother's Birthplace,*	Harford Co Md
8. *Full Name of Father,*	James P. Wakeland
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingsley
Address,	256 E Pratt st
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5983b

GIVEN NAME ADDED 10-3-62

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Hellie Vinyard

HEALTH DEPARTMENT DEC 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 26th 1882
4. *Place of Birth, (Street and Number)* 10½ Parkin St
5. *Full Name of Mother,* Ida Vinyard
6. *Mother's Maiden Name,* " Baker
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Geo. Vinyard
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Jno D Blake MD

Address,

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19837

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Rd Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Born November 26th
4. *Place of Birth, (Street and Number)*	No 167 york St Baltimore
5. *Full Name of Mother,*	Amelia E. Davis
6. *Mother's Maiden Name,*	Amelia E Maddox
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William E. Davis
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Millie Gross
Address,	Plum Ally No 12
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC. 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 26 1882
4. *Place of Birth, (Street and Number)*	266 Lexington St.
5. *Full Name of Mother,*	Henrietta Schwaab
6. *Mother's Maiden Name,*	Henrietta Straus.
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Henry Schwaab
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	A. A. Woodward
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

1839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Charles Freund

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2d

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, Nov. 26th 1882.

4. *Place of Birth*, (*Street and Number*) 135 Elliott St.

5. *Full Name of Mother*, Caroline Freund

6. *Mother's Maiden Name*, " Lewis.

7. *Mother's Birthplace*, Md.

8. *Full Name of Father*, Philip Freund

9. *Father's Occupation*, Laborer

10. *Father's Birthplace*, Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank

Remarks,

DEC 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19840

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 26th 1882 12 M
4. Place of Birth, (Street and Number) Maternity Hospt 161 N Lombard
5. Full Name of Mother, Caroline Anderson
6. Mother's Maiden Name, do
7. Mother's Birthplace, Maryland U.S.A
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace. [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, Maternity Hospt 161 N Lombard

Remarks, Illegitimate

NOV 28 1882

© DULANY & CO. CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59241

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* 26 November

4. *Place of Birth, (Street and Number)* [illegible] Ally 151

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible] Man

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

DEC 1899

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 26 November 1882
4. Place of Birth, (Street and Number) 68 Mash market space
5. Full Name of Mother, Sonnie Specter
6. Mother's Maiden Name, " Krieger
7. Mother's Birthplace, Russia
8. Full Name of Father, Sissie Specter
9. Father's Occupation, cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5984 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race).*
3. *Date of Birth,* 26th Nov 1882
4. *Place of Birth, (Street and Number)* 32 Amelyst
5. *Full Name of Mother,* Anne Welsh
6. *Mother's Maiden Name,* " Grimm
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Jas T. Welsh
9. *Father's Occupation,* Fireman
10. *Father's Birthplace.* Balt

Name of Medical Attendant, or other Person who makes this Return H W Welsh Jr

Address, 57 Barnes

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17844

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 26 1882
4. *Place of Birth, (Street and Number)* 45 Ramsay Alley
5. *Full Name of Mother.* Rachel Right
6. *Mother's Maiden Name,* Rachel Dudley
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father.* William Right
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Annie Painter

Address, 122 North Calvert St

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59845

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 26. 82.
4. *Place of Birth, (Street and Number)* South. Annstr. No 270
5. *Full Name of Mother,* Anna Riesel mann
6. *Mother's Maiden Name,* Lake
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joseph Riesel mann
9. *Father's Occupation,* Cigarnmaker
10. *Father's Birthplace,* Oldenbury

Name of Medical Attendant, or other Person who makes this Return Mrs. F. Baubach

Address, S Wolfstr 14

Remarks,

DEC 4 1882

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

S 9846

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Famale
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Nov 26th 1882
4. *Place of Birth (Street and Number)*	449 Franklin St
5. *Full Name of Mother*	Annie D Starr
6. *Mother's Maiden Name*	Lewis
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Benjamin Franklin Starr
9. *Father's Occupation*	Metal Furnisher
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliot C Price M.D.
Address	262 Madison Ave
Remarks	I have no desire to evade the law, but I really have not had time to make the report E.C.P.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26th November
4. *Place of Birth, (Street and Number)* Chester st. 187.
5. *Full Name of Mother,* Katy gainer
6. *Mother's Maiden Name,* Katy Wagner
7. *Mother's Birthplace,* Germon Bion
8. *Full Name of Father,* George Gaines
9. *Father's Occupation,* Brakesman
10. *Father's Birthplace,* Bion Germon

Name of Medical Attendant, or other Person who makes this Return Mrs. Luckan

Address, 10 Essex st.

Remarks, ||||

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5/648

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Nov 26. 1882

4. *Place of Birth, (Street and Number)* 227 Lanvale St.

5. *Full Name of Mother,* Hanna Murray

6. *Mother's Maiden Name,* " Derr

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Albert Murray

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Marburg Brown md

Address, 68 McCulloh St.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

S 7249

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Nov 26. 1882
4. *Place of Birth (Street and Number)* 337 South Bond St
5. *Full Name of Mother* Emma Swallow
6. *Mother's Maiden Name* Emma Hilts
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Swallow
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Emma Smith

Address No child was born Caroline Swallow

Remarks

RETURN OF A BIRTH 17852

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Nov 26/82
4. *Place of Birth, (Street and Number)*	237 Mc Culloch
5. *Full Name of Mother,*	Alice J Dryden
6. *Mother's Maiden Name,*	Alice Fallen
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	C Owings Dryden
9. *Father's Occupation,*	merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	J E Chatard Jr
Address,	114 Park Ave
Remarks,	FB

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 26th 1882
4. *Place of Birth, (Street and Number)*	No 52 b Gross St.
5. *Full Name of Mother,*	Caroline Frech
6. *Mother's Maiden Name,*	Kaufmann.
7. *Mother's Birthplace,*	Preussen
8. *Full Name of Father,*	Fried. Frech
9. *Father's Occupation,*	Portter
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Viron
Address,	No 328 S. Eutaw St.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 26/82
4. *Place of Birth, (Street and Number)*	#210 S. Broadway
5. *Full Name of Mother,*	Laura Groß
6. *Mother's Maiden Name,*	Philipps
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Groß
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

59853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 26. 1882
4. *Place of Birth, (Street and Number)* 52 Oak avenue, Balto County
5. *Full Name of Mother,* Mary Hunichen
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jno. S. Hunichen
9. *Father's Occupation,* Officer of Penna R. R. at Washington Sec
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return G Lane Tonneyhill

Address, 129 W Biddle.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19854

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4.

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 26 November
4. *Place of Birth*, (*Street and Number*) 13 Madiary Alley
5. *Full Name of Mother*, Dora Cook
6. *Mother's Maiden Name*, Reinheart
7. *Mother's Birthplace*, Europe
8. *Full Name of Father*, George Cook
9. *Father's Occupation*, Labourer
10. *Father's Birthplace*, Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street.

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, wiether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 6

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 26 Nov 1882
4. *Place of Birth*, (*Street and Number*) Balto Washington st No 110
5. *Full Name of Mother*, Mary Hurt
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Bohemia
8. *Full Name of Father*, Gozekh Hurt
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Klopsick

Address, 69 North Washington st

Remarks,

Mary Klopsick

NOV 28 1882

C. DULANY & CO., CITY PRINTERS AND STATIONERS

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 19886

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday Nov. 26th 1882
4. *Place of Birth, (Street and Number)*	13 E. Monument St.
5. *Full Name of Mother,*	Mary Dahle
6. *Mother's Maiden Name,*	Mary Bennett
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	George Dahle
9. *Father's Occupation,*	Driver of Express Wagon
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Bruton M.D.
Address,	25 1/2 Greenmount ave.
Remarks,	

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

17857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. DEC 2 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sunday Nov 26th 1882
4. *Place of Birth, (Street and Number)*	159 Forrest St.
5. *Full Name of Mother,*	Laura V. Gessford.
6. *Mother's Maiden Name,*	Laura V Gessford.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Chas F. Gessford.
9. *Father's Occupation,*	An Employee of the B.P.R.R.
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	20 1/2 Greenmount Ave.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Seventh
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	November 26th 1882
4. *Place of Birth,* (*Street and Number*)	No 7 Harris Alley
5. *Full Name of Mother,*	Mrs Bridget O'Neil
6. *Mother's Maiden Name,*	Bridget Kingsley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William O'Neil
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Portsmouth, New Hampshire
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 65 Burke St.
Remarks,	Child's name — Emma

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9th Child

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, 26th of November 1882.
4. *Place of Birth*, (*Street and Number*) 29 North Chappel street.
5. *Full Name of Mother*. Annie Beck.
6. *Mother's Maiden Name*, Annie Weise.
7. *Mother's Birthplace*, Germany.
8. *Full Name of Father*, Andeas Weise.
9. *Father's Occupation*, Laborman.
10. *Father's Birthplace*, Germany.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel.

Address, 71 North Chappel street per Justina Kunkel.

Remarks, Healthy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 11 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 7th.

1. *Sex,* (*state whether male or female*) female

2. *Race or Color,* (*if not of the white race*) white

3. *Date of Birth,* November 27th 1882

4. *Place of Birth,* (*Street and Number*) 66 Harrison st.

5. *Full Name of Mother,* Sarah Roman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Solomon Roman

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard st,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st.
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	November 27th. 1882.
4. *Place of Birth*, (*Street and Number*)	No 75. S. Bond St.
5. *Full Name of Mother*,	Maria Lynch
6. *Mother's Maiden Name*,	Maria Morigan
7. *Mother's Birthplace*,	Ireland
8. *Full Name of Father*,	Michel Lynch
9. *Father's Occupation*,	Coal Miner
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt
Address,	No 185. S.E. cor. Central av. & Monument St.
Remarks,	All Well.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) Brown complexion
3. *Date of Birth,* November 27th 1882
4. *Place of Birth,* (Street and Number) 7 Hamilton St
5. *Full Name of Mother,* Kate Hill
6. *Mother's Maiden Name,* " Frazier
7. *Mother's Birthplace,* Eastern shore Md.
8. *Full Name of Father,* Richard Hill
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC. 6 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 27th 1882
4. *Place of Birth, (Street and Number)* 15 Collington Avenue
5. *Full Name of Mother,* Jemima Coleman
6. *Mother's Maiden Name,* Moore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Coleman
9. *Father's Occupation,* Ship Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return W. H. Differ deffer

Address, High St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) It is the 4th Child.

1. Sex, (state whether male or female) Male sex.
2. Race or Color, (if not of the white race) Caucasian race.
3. Date of Birth, 27th of November. 1882
4. Place of Birth, (Street and Number) Baltimore. 86. Luzerne St.
5. Full Name of Mother, Anna Magreth Adilaide Ritter
6. Mother's Maiden Name, " " " Schmidt.
7. Mother's Birthplace, Bremen.
8. Full Name of Father, George Friedrich Henry Ritter
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5986.5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov #27 1882
4. Place of Birth, (Street and Number) Maternite Hospt 161 W Lombard
5. Full Name of Mother, Rosina Wentz
6. Mother's Maiden Name, unknown
7. Mother's Birthplace, Germany
8. Full Name of Father, — Wentz
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W P McIntosh Res Phys

Address, Maternite Hospt - 161 W Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

Over 19866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 28 2 1882 BALTIMORE

Name of Child: William Geuder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, November the 27, 1882
4. Place of Birth, (Street and Number) Orleans St. No 78
5. Full Name of Mother, Anna M. Geuder
6. Mother's Maiden Name, Anna M. Heilmann
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Geuder
9. Father's Occupation, Cigarren maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th November
4. *Place of Birth, (Street and Number)* Alice ann st 322
5. *Full Name of Mother,* Sgalte Wartschien
6. *Mother's Maiden Name,* Sg. Jacobyson
7. *Mother's Birthplace,* Hessen Darmstadt
8. *Full Name of Father,* C. Jacobson
9. *Father's Occupation,* Storeman
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Sinclair

Address, 10 essex street

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 27 1882
4. *Place of Birth, (Street and Number)*	432 N Gilmor st
5. *Full Name of Mother,*	Lela Starr
6. *Mother's Maiden Name,*	Lela Darby
7. *Mother's Birthplace,*	Kentucky
8. *Full Name of Father,*	Wm A Starr
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Maine
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	1406 Hanover st
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 27 November
4. Place of Birth, (Street and Number) 183 Gay St
5. Full Name of Mother, Ida Salkoffski
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Pollen
8. Full Name of Father, David Salkoffski
9. Father's Occupation, shoe Store
10. Father's Birthplace, Pollen

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 November
4. *Place of Birth, (Street and Number)* 131 Orleans St
5. *Full Name of Mother,* Maggie Hooper
6. *Mother's Maiden Name,* " Buttler
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* James Hooper
9. *Father's Occupation,* clerk in Post Office
10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbry

Address, 48 Holland St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

9871

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 27th 1882
4. Place of Birth, (Street and Number) 36 Ridgley st
5. Full Name of Mother Lina Eiring Walker
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Eiring
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return M. J. Lohmaier midwife
Address, 330 Hanover st
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth thereafter, stating, whether still-born or not, the date of birth, sex, full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 9871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 27 th 1882
4. *Place of Birth, (Street and Number)*	No 36 Ridgley st
5. *Full Name of Mother,*	Lina Eiring Walker
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Eiring
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schoaner midwife
Address,	No 330 Hanover st
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5 9872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	November 27 1892 No 2
4. Place of Birth (Street and Number)	Baltimore Md Hamilton St
5. Full Name of Mother	Fanny A Sellar
6. Mother's Maiden Name	Fanny Ann Johnson
7. Mother's Birthplace	born at Spotsy Va
8. Full Name of Father	Richard Sellar
9. Father's Occupation	Waiter
10. Father's Birthplace	Brandon Va
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

RETURN OF A BIRTH.

19873

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	Nov 27 1882
4. Place of Birth (Street and Number)	No 2 Talbot Court Baltimore Md
5. Full Name of Mother	Kitty Clinton
6. Mother's Maiden Name	Kitty Patterson
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Thomas Clinton
9. Father's Occupation	Coal Driver
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	Nos Walker Street near Bond Balto Md
Remarks	

DEC 1882

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Nov 27: 1882

4. *Place of Birth,* (*Street and Number*) 170 N. High st

5. *Full Name of Mother,* Martha J. Hoddinott

6. *Mother's Maiden Name,* " " Burton

7. *Mother's Birthplace,* Balto. County

8. *Full Name of Father,* Jas. Nicholas Hoddinott

9. *Father's Occupation,* Carriage Maker

10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other Person who makes this Return C. E. Williams M.D.

Address. 201 Madison Ave

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-20-50

RETURN OF A BIRTH

15875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Mary Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 27th 1882
4. *Place of Birth, (Street and Number)*	S. Paca St near Pratt
5. *Full Name of Mother,*	Bellia Brown
6. *Mother's Maiden Name,*	S. Hanks
7. *Mother's Birthplace,*	Scotland
8. *Full Name of Father,*	William Brown
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Kerch
Address,	near 328 S. Eutaw St.
Remarks,	

DEC 2 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH. 19876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Black
3. *Date of Birth*	Nov 27th 1882
4. *Place of Birth* (Street and Number)	No 9 Young Street Balto City Md
5. *Full Name of Mother*	Georgie Howood
6. *Mother's Maiden Name*	Georgie Pierce
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	William Howard
9. *Father's Occupation*	Boxmaker
10. *Father's Birthplace*	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Caroline Miller
Address	No 3 Walker Court near Bond
Remarks	Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 17877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 27/82
4. Place of Birth, (Street and Number) 568 Madison Ave
5. Full Name of Mother, Virginia L. Carlin
6. Mother's Maiden Name, Virginia Lyon
7. Mother's Birthplace, Md
8. Full Name of Father, Charles A. Carlin
9. Father's Occupation, Merchant
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return J. Miller M.D

Address, 188 Madison

Remarks,

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 27/82
4. *Place of Birth, (Street and Number)* Washington Road, near City Limits
5. *Full Name of Mother,* Rosa A. Loney
6. *Mother's Maiden Name,* Rosa A. McLaughlin
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Louis H. Loney
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J. H. Miller. M.D.

Address, 187 Hamilton

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	27 November
4. *Place of Birth, (Street and Number)*	69 Lombard street
5. *Full Name of Mother,*	Lillie Casidy
6. *Mother's Maiden Name,*	Luch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Casidy
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

correct Record of Vital Statistics in the City of Balti[illegible]e.

"That any physician, accoucheur, midwife, or other person in charge, who shall [illegible]ist or advise at the birth of any child, within the City of Baltimore, shall report to the [illegible]said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 59880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth ~~851 N Charles St~~ Nov 27th
4. Place of Birth (Street and Number) 351 N Charles St
5. Full Name of Mother Fanny Summerville Groverman
6. Mother's Maiden Name Fanny Summerville Selden
7. Mother's Birthplace Lynchburg Va
8. Full Name of Father Richard Henry Groverman
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J W F Murdoch MD

Address 86 Read St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 7881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 29 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 Nov 1882
4. *Place of Birth, (Street and Number)*	120 S Pace
5. *Full Name of Mother,*	Fanny Miller
6. *Mother's Maiden Name,*	" Husband
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Isaac Miller
9. *Father's Occupation,*	Cattle Dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M D
Address,	58 N Eutaw Street
Remarks, Normal Labor	

J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Monday Nov. 27th 1882
4. *Place of Birth, (Street and Number)*	S. W. Cor. Forrest Place & ~~Chas~~ St. Eager Sc
5. *Full Name of Mother,*	Kate E. Smith.
6. *Mother's Maiden Name,*	Kate E Schmidt.
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	George A. Smith.
9. *Father's Occupation,*	Storekeeper.
10. *Father's Birthplace,*	Baltimore. Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton, M.D.
Address,	25½ Greenmount ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OF BALTIMORE NOV 29 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* nov 27
4. *Place of Birth, (Street and Number)* So Mulican St
5. *Full Name of Mother,* Ellen hall
6. *Mother's Maiden Name,* Ellen James
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* James hall
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson

Address, no 3 Short St

Remarks, healthy Child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5tes Kind

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, geboren 27ten November
4. Place of Birth, (Street and Number) No 2 Thamh. Str
5. Full Name of Mother, Chattrine Kalschazky
6. Mother's Maiden Name, Chattrine Schameizky
7. Mother's Birthplace, Deutschland Posen
8. Full Name of Father, Joseph Kalschazky
9. Father's Occupation, Dahdeker
10. Father's Birthplace, Deutschland. Posen

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str

Remarks, Hebamme

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

5988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* 2 Males Twins
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 27th 1882
4. *Place of Birth (Street and Number)* 7 Seldon street
5. *Full Name of Mother* Garyfine Fletcher
6. *Mother's Maiden Name* " Thomas
7. *Mother's Birthplace* Mayland
8. *Full Name of Father* Edward Fletcher
9. *Father's Occupation* Arabber
10. *Father's Birthplace* Dorchester Maryland

Name of Medical Attendant, or other Person who makes this return Pauline Mare

Address

Remarks

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

19886

DEC 1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Negro
3. Date of Birth	November 27th/82
4. Place of Birth (Street and Number)	80 Orchard St.
5. Full Name of Mother	Augusta Bell
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Bell
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. Green M.D.
Address	# 270 N. Charles St.
Remarks	Mother + Child doing well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23

RETURN OF A BIRTH 19887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC. 6 1882

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 28/ 1882
4. *Place of Birth, (Street and Number)* 27 S. Fremont
5. *Full Name of Mother,* Virginia ~~[illegible]~~ Jennings
6. *Mother's Maiden Name,* Hard
7. *Mother's Birthplace,* Shaffers-ville A.A. Co Md
8. *Full Name of Father,* Joshua J. Jennings
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spicer Md

Address, 387 W. Lombard St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st.

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* ~~Dec~~ November 28th 1882
4. *Place of Birth,* (*Street and Number*) 33 Low st.
5. *Full Name of Mother,* Bertha Levy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* David Levy
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19889

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov. 28th 1882.
4. *Place of Birth, (Street and Number)*	236 William St.
5. *Full Name of Mother,*	Anna Fowler.
6. *Mother's Maiden Name,*	" Ritter.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Munroe Fowler.
9. *Father's Occupation,*	Engineer.
10. *Father's Birthplace,*	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return	R. J. N. Tall, M.D.
Address,	152 Sharp St.
Remarks,	

DEC 5 1882

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 17896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	8 24
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	Nov. 28th 1882
4. *Place of Birth,* (*Street and Number*)	Baltimore Parkin St. No. 51
5. *Full Name of Mother,*	Annie Herman
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Herman
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 58 Parkin st
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 28 — 1882
4. *Place of Birth, (Street and Number)* 212 Columbia st.
5. *Full Name of Mother,* Josephine Boltz
6. *Mother's Maiden Name,* Jos. Schwarz
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* August Boltz
9. *Father's Occupation,* Tayler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Henrietta Schliefer

Address, 20 Columbia st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1882

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 8th Twins

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, November 28th 1882

4. Place of Birth, (Street and Number) No. 238 N. Broadway

5. Full Name of Mother, Cecelia Russell

6. Mother's Maiden Name, Wall

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Wm. Samuel Russell

9. Father's Occupation, Physician

10. Father's Birthplace, St Marys County Maryland

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, Out 238 N. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 28 November
4. Place of Birth, (Street and Number) 68 Mash market space
5. Full Name of Mother, Beckkie Königberg
6. Mother's Maiden Name, " Wohlader
7. Mother's Birthplace, Abraham Königberg
8. Full Name of Father, Rusia
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ullig

Address, 118 Holland St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (*state whether* 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex*, (*state whether* ~~male~~ *or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Nov. 28, 82
4. *Place of Birth*, (*Street and Number*) Olian str No 370
5. *Full Name of Mother*, Anna Herbert
6. *Mother's Maiden Name*, Hopkings
7. *Mother's Birthplace*, Balt.
8. *Full Name of Father*, Georg Herbert
9. *Father's Occupation*, Baker
10. *Father's Birthplace*, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolf str 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 4 b

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 28, 82.
4. Place of Birth, (Street and Number) S. Wolfstr No 154
5. Full Name of Mother, Babetty Lang
6. Mother's Maiden Name, Windelling
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Johann Lang
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs F. Baubach

Address, S. Wolfstr 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

1989b

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 28 1882
4. *Place of Birth (Street and Number)* No 12 Parrish Aly
5. *Full Name of Mother* Julia Rogers
6. *Mother's Maiden Name* Julia Sloot
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Asbury Rogers
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Chillotte Nass

Address 255 Rotary St

Remarks None

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 28th. 1882.
4. *Place of Birth, (Street and Number)* No. 187 N. Centrel ave.
5. *Full Name of Mother,* Anna Young.
6. *Mother's Maiden Name,* Anna Decker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Steave Young.
9. *Father's Occupation,* Tailor
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mo. A. Butt.

Address, No. 185 S.E. cor Centrel av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 28 November
4. *Place of Birth, (Street and Number)* No 186 Greenmount ave
5. *Full Name of Mother,* Sabina Burk
6. *Mother's Maiden Name,* Sabina Killalea
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Steven Burk
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Cristina Lauer

Address, 1882

Remarks, 177. Hafer ave.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19899

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 28th 1882
4. *Place of Birth, (Street and Number)*	449 Canton Ave,
5. *Full Name of Mother,*	Annie ~~Caroline~~ Connors
6. *Mother's Maiden Name,*	Annie ~~Caroline~~ Orem
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Connors
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No. 65 Burke St
Remarks,	Child's name ~~Martin~~ Barnet,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59900

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 29 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth,* Nov 28th 1882
4. *Place of Birth, (Street and Number)* Belair Ave Extd
5. *Full Name of Mother,* Lizzie Fosel
6. *Mother's Maiden Name,* Fahle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Fosel
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs ~~Germany~~ Getzke

Address, No 55 S. Bond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

19901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 28 1882
4. *Place of Birth (Street and Number)* 27 Thames St
5. *Full Name of Mother* Fredricka Fury
6. *Mother's Maiden Name* Fredricka Fryer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Fury
9. *Father's Occupation* Sailor
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Anna Louisa Smith

Address the Child name Mary Elizabeth Fury

Remarks

RETURN OF A BIRTH

$ 1902

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	November 28th " 1882
4. *Place of Birth, (Street and Number)*	26 Bussough St
5. *Full Name of Mother,*	Augusta Albertine Wilhelmine Loose
6. *Mother's Maiden Name,*	Zigantei
7. *Mother's Birthplace,*	Gross Sabin und Neudatzig Germany
8. *Full Name of Father,*	Friedrich August Ferdinand Loose
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Klein Stuedwitz Germany
Name of Medical Attendant, or other Person who makes this Return.	Robert B. Rowe, M. D.
Address,	333 Light St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

19903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~65 Hollin St.~~ Nov 28th
4. Place of Birth (Street and Number) 65 Hollin St.
5. Full Name of Mother Kate Froom
6. Mother's Maiden Name Bannahan
7. Mother's Birthplace Cockeysville Balto Co. Md.
8. Full Name of Father William Froom
9. Father's Occupation Moulder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Wibner M.D.

Address 298 W. Lombard St

Remarks

Extract Registration Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Nov 28 /82

DEC 5 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 28
4. *Place of Birth, (Street and Number)* 66 orchard St Baltimore
5. *Full Name of Mother,* Mary A. Gross
6. *Mother's Maiden Name,* Mary A Butler
7. *Mother's Birthplace,* Tyson St Baltimore Md
8. *Full Name of Father,* Henry W. Gross
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Johnson

Address, 94 Tyson St Baltimore Md

Remarks, During Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 29 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Nov. 28 - 1882
4. *Place of Birth (Street and Number)*	80 Fairmount Ave
5. *Full Name of Mother*	Mary Elizabeth Giles
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Somerset Co. Md
8. *Full Name of Father*	Alonzo E. Giles
9. *Father's Occupation*	Waterman
10. *Father's Birthplace*	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this return	P. G. Dausch
Address	3. N. Bl'way.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	November 28th '02
4. Place of Birth (Street and Number)	93 Dorcas St
5. Full Name of Mother	Annie Smith
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John H. Clark
9. Father's Occupation	Laborer
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	W. F. Jones
Address	University Hospital
Remarks	

HEALTH DEPT. DEC 12 1902 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 59907

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 d
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth*	Novem. 29th 1882
4. *Place of Birth, (Street and Number)*	No. 8. Uenans. Ferrace
5. *Full Name of Mother*	Gillie. Cole.
6. *Mother's Maiden Name*	" Watts
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Edward. Cole
9. *Father's Occupation*	flour. miller
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie. Geems
Address	634. light. st.
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Nov 29th 1882
4. *Place of Birth, (Street and Number)*	No. 290 Cross st.
5. *Full Name of Mother,*	Annie Burke Ferguson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Joseph Burke
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohmeyer midwife
Address,	330 Hanover st.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 11 1909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 29th 1882
4. *Place of Birth, (Street and Number)* 70 Harrison st.
5. *Full Name of Mother,* Bettie Silverman
6. *Mother's Maiden Name,* " Buckner
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* H. Silverman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return Mrs. L. Bernstein

Address, 113 E. Lombard St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Returns of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Novbr 29th 1882
4. *Place of Birth, (Street and Number)*	234. N. Carey St
5. *Full Name of Mother*	Bertha Welch
6. *Mother's Maiden Name,*	Claytor
7. *Mother's Birthplace,*	Anne Arundel Co Md
8. *Full Name of Father,*	Eberle G. Welch
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Anne Arundel Co.
Name of Medical Attendant, or other Person who makes this Return	J. W. Selomer M.D.
Address,	5 Elor Eager Corridine Street
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1d

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Nov the 29 1882
4. *Place of Birth,* (*Street and Number*) Baltimore Hofman St 154
5. *Full Name of Mother,* Katie Brooks
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Saint Mary Co md
8. *Full Name of Father,* Alfred Brooks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Eastern Shore md

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Twins 4th and 5th the

1. *Sex,* (*state whether male or female*) both Males
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 29 of Nov.
4. *Place of Birth,* (*Street and Number*) No 485 Canton Ave.
5. *Full Name of Mother,* Anna Ekers
6. *Mother's Maiden Name,* = Bosek.
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Ekers
9. *Father's Occupation,* Lebeln
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Behnken.

Address, Midwife

Remarks, 54 Essex St. Canton.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 1915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex, (state whether male or female)*	female Child
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	29 of November 1882
4. *Place of Birth, (Street and Number)*	118 Shields alley City
5. *Full Name of Mother,*	Cordela Brown
6. *Mother's Maiden Name,*	Cordela Bayser
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Abbias Brown
9. *Father's Occupation,*	drives Coal, Cart
10. *Father's Birthplace,*	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E Jones
Address,	No 17 Watt st
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

59914

DEC 5 1882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 29th 1882
4. Place of Birth (Street and Number) 297 Orleans
5. Full Name of Mother Mary Elizabeth Kolb
6. Mother's Maiden Name — — Freyholz
7. Mother's Birthplace City
8. Full Name of Father John Kolb
9. Father's Occupation Black Smith
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Dr E J Wey

Address 19 S Broadway

Remarks

Extract Regulations of the Board of Health of the Vital Statistics in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 9915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 5 1882
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"Correct Record of Vital Statistics in the City of Baltimore."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Nov. 29th 1882
4. *Place of Birth*, (*Street and Number*)	Baltimore Parkin st No 91
5. *Full Name of Mother*,	Alice Gazell
6. *Mother's Maiden Name*,	" Phillips
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Charley Gazell
9. *Father's Occupation*,	Black Smith
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No 58 Parkin st
Remarks,	

W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 59916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC. 6 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* twenty sixth November
4. *Place of Birth, (Street and Number)* No 14 little Monument st
5. *Full Name of Mother,* Emily Webb
6. *Mother's Maiden Name,* Emily Wilson
7. *Mother's Birthplace,* Queens Ans County Md
8. *Full Name of Father,* Thomas Webb
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Cambridge Orchester Co md

Name of Medical Attendant, or other Person who makes this Return. Mrs Eda Sadler

Address, No 4 New st

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 6 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3d

1. *Sex*, (*state whether male or ~~female~~*)
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, November 29th 1882
4. *Place of Birth*, (*Street and Number*) 115 S Exeter St
5. *Full Name of Mother*, Josephine Freburger
6. *Mother's Maiden Name*, Biddle
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Henry G Freburger
9. *Father's Occupation*, Gas Works
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return W W Dissenderffer

Address, High St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

7918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24th November 1882
4. *Place of Birth, (Street and Number)*	53 Essex st
5. *Full Name of Mother,*	Mary Niemyer
6. *Mother's Maiden Name,*	A Mannberger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Niemyer
9. *Father's Occupation,*	Ship smith
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 59919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Nov 29th 1882
4. *Place of Birth, (Street and Number)* 89 N. Calvert St.
5. *Full Name of Mother* Victoria Anderton
6. *Mother's Maiden Name* Victoria McCarthy
7. *Mother's Birthplace* London, England
8. *Full Name of Father* Walter E. Anderton
9. *Father's Occupation* Fruit & Oyster Packer
10. *Father's Birthplace* Manchester, England

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address 5 Franklin St.

Remarks

RETURN OF A BIRTH 17920

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Nov. 29th 1892
4. *Place of Birth, (Street and Number)*	409 N. Fremont st
5. *Full Name of Mother,*	Sarah Ellen Claudice
6. *Mother's Maiden Name,*	Williams
7. *Mother's Birthplace,*	Calvert Co. Md.
8. *Full Name of Father,*	Edward Claudice
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Emmettsburg Md.
Name of Medical Attendant, or other Person who makes this Return	H. H. Griffin M.D.
Address,	431 Penna. Ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 29. of November
4. *Place of Birth, (Street and Number)* No 2 80 Asquith St.
5. *Full Name of Mother,* Bobary Kuber
6. *Mother's Maiden Name,* Dabary Reies
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Farley Reies
9. *Father's Occupation,* Capnatmacker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Lauer

Remarks, 173 Harfertern 1882

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 59922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29th November
4. *Place of Birth, (Street and Number)* 31 State St
5. *Full Name of Mother,* Mary Bond
6. *Mother's Maiden Name,* Mary Warfield
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return Mary Chew

Address, No 1 Cross Alley

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 17923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29 November
4. *Place of Birth, (Street and Number)* 376 Eager Street
5. *Full Name of Mother,* Anna Smith
6. *Mother's Maiden Name,* Anna Leidenzahn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie Smith
9. *Father's Occupation,* Streetpeafer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Walker

Address, 239 E. Eager Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of This Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-12-55

RETURN OF A BIRTH

19924

To the Office of Registrar of Vital Statistics, Board of Health,

Harry D. Katz BALTIMORE CITY.

DEC 5 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White (Jew)
3. *Date of Birth,*	Nov 29th 1882.
4. *Place of Birth, (Street and Number)*	1156. West Baltimore St.
5. *Full Name of Mother,*	Zerlina Katz.
6. *Mother's Maiden Name,*	Zerlina Cohen.
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	David Katz.
9. *Father's Occupation,*	Merchant.
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	A. C. Fox. M.D.
Address,	506. West Fayette St.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4 Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 November
4. *Place of Birth, (Street and Number)* 453 Canton Avenue
5. *Full Name of Mother,* Mary Walton
6. *Mother's Maiden Name,* Mary Possinger
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father,* Ysadrick Possinger
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Pl.

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th Nov.
4. *Place of Birth, (Street and Number)* 110 Jackson Sqr. Ave.
5. *Full Name of Mother,* Ella Elizabeth Schott
6. *Mother's Maiden Name,* Sheffer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Simon P. Schott
9. *Father's Occupation,* Bank Bookkeeper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address, # 375 E. Balto. St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 29.
4. *Place of Birth, (Street and Number)* Jenkins Aly - No 45.
5. *Full Name of Mother,* Susan E. Brown.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* St Marys - Co.
8. *Full Name of Father,* Nathaiel Williams
9. *Father's Occupation,* Waiter
10. *Father's Birthplace.* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs Gross

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 29/82
4. *Place of Birth, (Street and Number)* 7 St Peter St
5. *Full Name of Mother,* Kate Vagh
6. *Mother's Maiden Name,* " Bauerline
7. *Mother's Birthplace,* Barvaria
8. *Full Name of Father,* Jno Vagh
9. *Father's Occupation,* —
10. *Father's Birthplace,* Certy

Name of Medical Attendant, or other Person who makes this Return Jno D Blakeman

Address, 168 S Roca St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19729

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white.

3. *Date of Birth,* Novemb. 29th (D)

4. *Place of Birth, (Street and Number)* 469 E. Fayette St.

5. *Full Name of Mother,* Virginie R. Carrick.

6. *Mother's Maiden Name,* Miller.

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* William J. Carrick.

9. *Father's Occupation,* City Police

10. *Father's Birthplace,* Prince George's County, Md.

Name of Medical Attendant, or other Person who makes this Return Robert Smithson Jr. M.D.

Address, 121 N. Broadway.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

22

RETURN OF A BIRTH 1930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 30th 82
4. *Place of Birth, (Street and Number)*	140 N. Eilmor St
5. *Full Name of Mother,*	Emma O. Weems.
6. *Mother's Maiden Name,*	Owens.
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	Lewis B Weems
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Ann Arundel Co Md
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	39 N Wolcott St
Remarks,	

DEC 11 1930

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 1992 31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 30. 1882.
4. *Place of Birth, (Street and Number)* 267 Park ave
5. *Full Name of Mother,* Catharine King
6. *Mother's Maiden Name,* " Mcmanus
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Geo King
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return G Lane Tanneyhill

Address, 219 Madison ave.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

19932

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(8) Eighth
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Nov 20. 1882.
4. Place of Birth (Street and Number)	Residence No 268 N. Castle St.
5. Full Name of Mother	Minnie Johanna Miller
6. Mother's Maiden Name	Gottleben.
7. Mother's Birthplace	Baltimore C. C.
8. Full Name of Father	William Frederick Miller
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. S. Burton
Address	266 N Castle St
Remarks	Twin

Earnest Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Boy and a Girl

1. *Sex, (state whether male or female)* male and female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 3d november
4. *Place of Birth, (Street and Number)* Baltimore City Raleigh St 75
5. *Full Name of Mother,* Dorcetta Frances Brotten
6. *Mother's Maiden Name,* do
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* non S.
9. *Father's Occupation,* no good
10. *Father's Birthplace,* Dont no

Name of Medical Attendant, or other Person who makes this Return Mrs Chett 1 Cross St

Address, Isaac S Brotten 75 Raleigh St

Remarks, The farther of this Birth is no good one of the children are dead

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 199-34

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Nov 30th 1882
4. *Place of Birth, (Street and Number)* No 50 Hull St Locust Point
5. *Full Name of Mother* Mary Mehan
6. *Mother's Maiden Name* Mary Park
7. *Mother's Birthplace* Canada
8. *Full Name of Father* ~~Jo~~ John Mehan
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Cornal Midwife

Address No 317 Fort avenue

Remarks mother and child doing well

RETURN OF A BIRTH

199 51

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 30th 1882
4. *Place of Birth, (Street and Number)* Baltimore W. Pratt st. 408
5. *Full Name of Mother,* Mary. Tuttle
6. *Mother's Maiden Name,* " Brooks.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Tuttle
9. *Father's Occupation,* Breaksman
10. *Father's Birthplace,* Maine

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 58 Parkin st.

Remarks,

... Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 5 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 30th 1882
4. *Place of Birth, (Street and Number)* Baltimore Baltimore St. No. 408
5. *Full Name of Mother,* Jennie Doll.
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Doll.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 58 Parkin St.

Remarks,

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC. 6 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* November 30, 1892
4. *Place of Birth (Street and Number)* 7 Rine st
5. *Full Name of Mother* Martha, ann. Sephus
6. *Mother's Maiden Name* Martha, Ann Jones
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* James, E, Sephus
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address Catherine Reilly

Remarks 44 Walker Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov 30th 1882
4. *Place of Birth, (Street and Number)*	2207 Baltimore
5. *Full Name of Mother,*	Agnes F. Williams
6. *Mother's Maiden Name,*	Agnes F. Wagner
7. *Mother's Birthplace,*	Washington D. C.
8. *Full Name of Father,*	George E. Williams
9. *Father's Occupation,*	Ship Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	146 S Paca St
Remarks,	

Extract Regulations of the Board of Health

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3te Child
1. *Sex,* (*state whether male or female*)	male.
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	Nov. 30th 1892
4. *Place of Birth,* (*Street and Number*)	No. 615 Hanover St.
5. *Full Name of Mother,*	Kathe Philipp
6. *Mother's Maiden Name,*	Lenz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henrich Philipp.
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Maria Kirch
Address,	No. 328 S Eutaw St.
Remarks,	

DEC 2 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 11940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* December 26 1902
4. *Place of Birth, (Street and Number)* Lincoln Hospital
5. *Full Name of Mother,* Emma Bryant
6. *Mother's Maiden Name,* Emma Bryant
7. *Mother's Birthplace,* Louisville Ky.
8. *Full Name of Father,* William Cotton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Louis Anderson

Address, Lincoln Alley 16

Remarks, none.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19941

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 4 1882 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex.* (state whether male or female) male
2. *Race or Color.* (if not of the white race) White
3. *Date of Birth,* 30 of november
4. *Place of Birth,* (Street and Number) 94 jefferson st
5. *Full Name of Mother.* lizzie Tripp
6. *Mother's Maiden Name.* lizzie Peters
7. *Mother's Birthplace.* Born in German
8. *Full Name of Father.* john Tripp
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Born in German

Name of Medical Attendant, or other Person who makes this Return Mary Walts

Address, 125 N Carlines St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19942

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 30th 1882
4. Place of Birth (Street and Number)	No 37 Willow st
5. Full Name of Mother	Annie Mea
6. Mother's Maiden Name	Annie Ward
7. Mother's Birthplace	Ireland
8. Full Name of Father	Micheal Mea
9. Father's Occupation	Labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Ward No 4 Websterally
Address	Mother and babe doing Well
Remarks	

RETURN OF A BIRTH 19943

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 30th 1882
4. *Place of Birth, (Street and Number)*	#86 N. Paca Street
5. *Full Name of Mother,*	Maggie Nunnen
6. *Mother's Maiden Name,*	Mertens
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Wm F. Nunnen
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dena Hillegeist
Address,	#182 E. Monument P.S.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 19944

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 29 1882

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 30th
4. *Place of Birth (Street and Number)*	No 118 Hughes St
5. *Full Name of Mother*	Annie Williams
6. *Mother's Maiden Name*	" Coulter
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Jas J. Williams
9. *Father's Occupation*	fireman
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	J C Burch M D
Address	151 Hanover St
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Extract Regulations of the Board of Health to secure a full and
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residen of the parents, and the maiden name of the mother of such child or children

RETURN O

To the Office of Registrar of Vital Sta

BALTIMORE CIT

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

59945

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Nov 30 1882
4. Place of Birth (Street and Number) Chew St 15
5. Full Name of Mother Lisse Shyet
6. Mother's Maiden Name Lusse Prush
7. Mother's Birthplace Lebbel County
8. Full Name of Father Edwin Whyet
9. Father's Occupation Watchman
10. Father's Birthplace Talbot County Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address 211 Augusta St

Remarks J C Shute

RETURN OF A BIRTH 59946

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st 2d~~, 3d, &c.)

1. *Sex, (state whether male or female)* Männlich
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* 30 November 1882
4. *Place of Birth, (Street and Number)* 189 Scharp Strit Shark
5. *Full Name of Mother,* Julie Fuhler Cuder
6. *Mother's Maiden Name,* Fontz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Karl Fuhler
9. *Father's Occupation,* Bakß macher
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Kath Münch

Address, 1 Leadenhall Strit

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BI

To the Office of Registrar of Vital Statistics, Boa

59949

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored Race
Date of Birth,	Dec 1 1887
Place of Birth, (Street and Number)	168 Mullinkin St
Full Name of Mother,	Willy Cook
Mother's Maiden Name,	Willy Lee
7. Mother's Birthplace,	Worththeimal Virginia
8. Full Name of Father,	William Cook
9. Father's Occupation,	Baltimor
10. Father's Birthplace,	Drayman
Name of Medical Attendant, or other Person who makes this Return	Lucinda Woolford
Address,	130 Register
Remarks,	

Extract Re[illegible]tions of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 19948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 1st 1882
4. *Place of Birth, (Street and Number)* Baltimore Poppleton St No. 91
5. *Full Name of Mother,* Jennie Miller
6. *Mother's Maiden Name,* " Libley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 58 Parkin St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

S 9949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1882

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Dec. 1st 1882
4. *Place of Birth*, (*Street and Number*)	Baltimore Seaman's No. 47
5. *Full Name of Mother*,	Bessie Flemming
6. *Mother's Maiden Name*,	" Baden
7. *Mother's Birthplace*,	Ireland
8. *Full Name of Father*,	Thomas Flemming
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 518 Parkin St.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	1 of December 1882
4. *Place of Birth, (Street and Number)*	101 Shields alley City
5. *Full Name of Mother,*	Lizzie Liddards
6. *Mother's Maiden Name,*	do
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Nathan Liddards
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Prince Georges Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mary C Jones
Address,	No 17 Walnut st
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 1st 1882
4. *Place of Birth, (Street and Number)*	77 Bethel St
5. *Full Name of Mother,*	Amanda Williams
6. *Mother's Maiden Name,*	Amanda Fuller
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	George Williams
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	5 Forrest St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

19952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st Dec. 1882
4. *Place of Birth, (Street and Number)* 252 Mulberry st
5. *Full Name of Mother,* Emma Sophia Adreon
6. *Mother's Maiden Name,* Emma Sophia Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph L. Adreon
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return H. Heldmann M.D.

Address, 120 Pearl st. Baltimore

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 11 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 1st. 1882.
4. *Place of Birth, (Street and Number)* Cor. Pratt and Albemarle St.
5. *Full Name of Mother,* Minna Kohn
6. *Mother's Maiden Name,* " Solin
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Joslua Kohn
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. L. Bernstein

Address, 113 E. Lombard St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59954

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* ~~male~~

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 1882

4. *Place of Birth, (Street and Number)* 187 S. Paca St

5. *Full Name of Mother,* Mary Knight

6. *Mother's Maiden Name,* Marg Kuper

7. *Mother's Birthplace,* Balti Md

8. *Full Name of Father,* Jno. Knight

9. *Father's Occupation,* Clerk at Burns & Russells Brick Yard

10. *Father's Birthplace,* Balti Md

Name of Medical Attendant, or other Person who makes this Return D. L. Speedy

Address, 387 Wilmbard St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 59955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 1. 1882
4. *Place of Birth, (Street and Number)* 829 McDonogh St
5. *Full Name of Mother,* Mollie Ellis
6. *Mother's Maiden Name,* Sherwood
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Ellis
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh St

Remarks,

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1992 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 15 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 1st 1892
4. *Place of Birth, (Street and Number)*	S. Chester st 167
5. *Full Name of Mother,*	Mary Kenney
6. *Mother's Maiden Name,*	Mary Kelly
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Michael C. Kenney
9. *Father's Occupation,*	Tinsmith
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park Ave
Remarks,	

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1892

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 2d ch

1. *Sex* (*state whether ~~male~~ or female*)
2. *Race or Color,* (*if not of the white race*) W.
3. *Date of Birth* Dec 1 1892
4. *Place of Birth,* (*Street and Number*) 19 N Eutaw st
5. *Full Name of Mother* Mary Batherton
6. *Mother's Maiden Name* Mary Jordan
7. *Mother's Birthplace* Balto
8. *Full Name of Father* David H Batherton
9. *Father's Occupation* US army
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks

RETURN OF A BIRTH 19958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether ~~1st, 2d, 3d, &c.~~*) 4 to 6

1. *Sex,* (*state whether ~~male~~ or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Dec 1. 1892
4. *Place of Birth,* (*Street and Number*) South Wolfe St No 108
5. *Full Name of Mother,* Dora Weber
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Franz Weber
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Fox. Rausch

Address, E. Wolfe St No 14

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 39959

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 1. 1882
4. *Place of Birth, (Street and Number)* S. Schanzelstr No 61.
5. *Full Name of Mother.* Anna Hermann
6. *Mother's Maiden Name,* Waldmuller
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johan Hermann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Rauscher

Address, S. Wolfstr No 14

Remarks, Illegible

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1996a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Balti. December 1st 1882.
4. *Place of Birth, (Street and Number)* No. 811. W. Lombard.
5. *Full Name of Mother,* Rossey. Lutz.
6. *Mother's Maiden Name,* " " Gies
7. *Mother's Birthplace,* Curhessen.
8. *Full Name of Father,* Casper. Lutz.
9. *Father's Occupation,* Gold. Smith.
10. *Father's Birthplace,* Bayern.

Name of Medical Attendant, or other Person who makes this Return Annie Lindner

Address, No. 45 S. Monroe St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1 1882
4. *Place of Birth, (Street and Number)* 36 Potomac St
5. *Full Name of Mother,* Mary Caden
6. *Mother's Maiden Name,* Mary Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dan Caden
9. *Father's Occupation,* Cabor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chester St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT DEC 6 1882 BALTIMORE

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

19962 (ver)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name - Laurance Claude ~~Mantz~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) ——
3. Date of Birth Dec. 1st '82.
4. Place of Birth (Street and Number) #204 Barre St.
5. Full Name of Mother Anna B. Mantz
6. Mother's Maiden Name Anna B. Beckett
7. Mother's Birthplace Maryland
8. Full Name of Father F. Miller Mantz
9. Father's Occupation Clerk for R.R. Co.
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Tyler Smith M. D.

Address 221 Barre St.

Remarks Natural & easy labor -

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT DEC. 6 1882 BALTIMORE

RETURN OF A BIRTH, 1963

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Phoebe A. E. Gaphardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether ~~male~~ or female)* F.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Dec 1st - 1882
4. *Place of Birth, (Street and Number)* Philadelphia Road
5. *Full Name of Mother* Annie Gaphardt
6. *Mother's Maiden Name* Annie Charlton
7. *Mother's Birthplace* New York
8. *Full Name of Father* Carles Gaphardt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr. R. M. Harris

Address Orangeville Balto Co. Md

Remarks GIVEN NAME ADDED 12-30-53 h.m.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 19764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* born on the 1st of Dec. 82

4. *Place of Birth, (Street and Number)* 9 Forest St. in the rear of Sugarman's

5. *Full Name of Mother,* Sophie Uhlmann

6. *Mother's Maiden Name,* A. Williams

7. *Mother's Birthplace,* born in Bavaria Germany

8. *Full Name of Father,* Martin Uhlmann

9. *Father's Occupation,* Worker

10. *Father's Birthplace,* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiller

Address, 107 W. Fort St.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 December
4. *Place of Birth, (Street and Number)* 146 Mc Eldery St.
5. *Full Name of Mother,* Clara Hallen
6. *Mother's Maiden Name,* " Bichel
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Robert Hallen
9. *Father's Occupation,* Engineer on Boat
10. *Father's Birthplace,* Balt Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ullig

Address, 48 Holland St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Dec 1st '11
4. *Place of Birth,* (*Street and Number*)	60 Lexington St
5. *Full Name of Mother,*	Helen J Brylawski
6. *Mother's Maiden Name,*	Helen Levi
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Aaron Brylawski
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	St Joseph's
Address,	No 2 Cathedral St
Remarks,	

JOHN P. DIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 1906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 1906

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of Desember
4. *Place of Birth, (Street and Number)* 380 Monument st
5. *Full Name of Mother,* Mary Brimell
6. *Mother's Maiden Name,* Mary Rehbein
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father,* William Brimnell
9. *Father's Occupation,* Brick ley
10. *Father's Birthplace,* Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N Carlins st

Remarks,

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 19768

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Dec 1 1882
4. *Place of Birth, (Street and Number)* 106 Lancaster Street
5. *Full Name of Mother* Georgiana Fowler
6. *Mother's Maiden Name* Georgiana Tyler
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* James S Fowler
9. *Father's Occupation* Tucker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary corner 153

Address Lollington avenue Baltimore md

Remarks

RETURN OF A BIRTH 19769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 1 1882
4. *Place of Birth, (Street and Number)*	268 N Bond St
5. *Full Name of Mother,*	Celia Miller
6. *Mother's Maiden Name,*	Reinhard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Miller
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Isabella Weir
Address,	227 E Monument st
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child of Catherin Limberg ~~Born 2 Dec 1883~~ the child

JAN 2 1883

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born the 2 of Dec 1882
4. *Place of Birth, (Street and Number)* Baltimore 176 Hamburg st.
5. *Full Name of Mother,* Catherin Limberg
6. *Mother's Maiden Name,* Catherin Wiegant
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Limberg
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Midwife Mrs. Minch

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5th

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, Dec 2d 1882

4. *Place of Birth*, (*Street and Number*) No 9 Griffin Court

5. *Full Name of Mother*, Anna Pills

6. *Mother's Maiden Name*, " Sellner

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Peter Pills

9. *Father's Occupation*, Shoemaker

10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bolz

Address, 120 Bank st.

Remarks,

Correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59972

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 2 1882
4. *Place of Birth, (Street and Number)* 180 Light st Baltimore Md
5. *Full Name of Mother,* Whilhelmmene George
6. *Mother's Maiden Name,* Whilhelmmene Jokob
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Defethern George
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Boston Mass.

Name of Medical Attendant, or other Person who makes this Return Mrs Dumler

Address, No. 60 Schroeder St.

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4t

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 2. 82.
4. *Place of Birth, (Street and Number)* N. Warschington str No 112
5. *Full Name of Mother,* Elisabeth Erlinghaus
6. *Mother's Maiden Name,* Bornhorn
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wilhelm Erlinghaus
9. *Father's Occupation,* Ingenuier
10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return Mr. J. Baubach

Address, S. Wolf 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 19974

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1892

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Chd

1. *Sex* (state whether male or ~~female~~)
2. *Race or Color*, (if not of the white race) W
3. *Date of Birth* March 2 1892
4. *Place of Birth*, (Street and Number) 42 Jefferson Place
5. *Full Name of Mother* Mary Irvin
6. *Mother's Maiden Name* Mary Reynolds
7. *Mother's Birthplace* Va Virginia
8. *Full Name of Father* Carter H Irvin
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. J H Tallman M D

Address 25 Franklin

Remarks

RETURN OF A BIRTH 5995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2nd 1892
4. *Place of Birth, (Street and Number)*	337 Shark st
5. *Full Name of Mother,*	Mary A. Conroy
6. *Mother's Maiden Name,*	Mary A Leatherwood
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Thomas Conroy
9. *Father's Occupation,*	Laborer Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	14 Hanover st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 2nd 1882
4. *Place of Birth, (Street and Number)* 78½ Harrison st.
5. *Full Name of Mother,* Esther Kaletzki
6. *Mother's Maiden Name,* " Friedman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* S. Kaletzki
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	2 December
4. *Place of Birth, (Street and Number)*	18 Common street
5. *Full Name of Mother,*	Lizzie Gerson
6. *Mother's Maiden Name,*	Lucher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Gerson
9. *Father's Occupation,*	Horseler
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Capper
Address,	12 E. Lombard street
Remarks,	

DEC 12 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ordinance of Public Statistics of the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59978

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. December 4th 1882

DEC 5 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 2nd 1882
4. *Place of Birth, (Street and Number)* 19 Washington St
5. *Full Name of Mother,* Annie Diegelman
6. *Mother's Maiden Name,* Annie Enders
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. H. Diegelman
9. *Father's Occupation,* Sugar T.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, N. 137 S Wolfe St

Remarks, (N.D.)

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1922 BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4th "
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White.
3. *Date of Birth,*	Dec. 2nd 1882
4. *Place of Birth,* (*Street and Number*)	Baltimore Cross. St No. 218
5. *Full Name of Mother,*	Emma. Woodward.
6. *Mother's Maiden Name,*	" Bowen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Barney, Woodward,
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 28 Parkin St
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* born on the 2nd of Dec 1892
4. *Place of Birth, (Street and Number)* 203 Frederick Ave.
5. *Full Name of Mother,* Lizzie Hillerbrant
6. *Mother's Maiden Name,* L. Brown
7. *Mother's Birthplace,* born in City of Balto.
8. *Full Name of Father,* John Hillerbrant
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* born in the City of Balto

Name of Medical Attendant, or other Person who makes this Return Miss Hiller

Address, 1017 W. Pratt St.

Remarks.

DEC 7

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57981

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The fourth child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Born on the 2 of December
4. *Place of Birth, (Street and Number)*	Humphrey st 203
5. *Full Name of Mother,*	Lewey Howard
6. *Mother's Maiden Name,*	Lewey Seabor
7. *Mother's Birthplace,*	Eastern Shore Virginia
8. *Full Name of Father,*	Henry J Howard
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Meilly Gross
Address,	Plum Alley 12
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Blank Form of Return of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 7 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 2nd 1882
4. *Place of Birth (Street and Number)* No. 262 German Street
5. *Full Name of Mother* Annie E. Connelly
6. *Mother's Maiden Name* " " Hartung
7. *Mother's Birthplace* Baltimore, Maryland.
8. *Full Name of Father* George W. Connelly
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Baltimore — Maryland —

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond, M. D.

Address N. E. Cor. Calhoun and Hollins Sts.

Remarks Child healthy, & well formed.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of Desember
4. *Place of Birth, (Street and Number)* 292 Asgurth st
5. *Full Name of Mother,* Lenie hunmiller
6. *Mother's Maiden Name,* Lena Berhen
7. *Mother's Birthplace,* Bone in German
8. *Full Name of Father,* Sharstian hunmiller
9. *Father's Occupation,* furnuch nubner
10. *Father's Birthplace,* Born in Baltimor

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 N Carlins st

Remarks,

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59984

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Dec. 2/82
4. *Place of Birth, (Street and Number)* 150 S. Carrington av.
5. *Full Name of Mother,* Barbara C. Hartley
6. *Mother's Maiden Name,* " " Flaherty
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Chas. H. Hartley
9. *Father's Occupation,* Iron Inspector
10. *Father's Birthplace,* B. City

Name of Medical Attendant, or other Person who makes this Return J. L. Wilkins

Address, 7 J. O. Broadway

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 17985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Dec 3d 1882
4. *Place of Birth (Street and Number)*	99 Hanover st
5. *Full Name of Mother*	Mary J. Shaw
6. *Mother's Maiden Name*	" " Downey
7. *Mother's Birthplace*	City
8. *Full Name of Father*	Frank H. Shaw
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	A. C. Burch M.D.
Address	
Remarks	

RETURN OF A BIRTH 59986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th,

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Decbr 3rd 1882
4. *Place of Birth, (Street and Number)* E Pratt St nr Dallas
5. *Full Name of Mother,* Ellen P. Capes
6. *Mother's Maiden Name,* Ellen P. Vickers
7. *Mother's Birthplace,* Baltimore - City
8. *Full Name of Father,* Geo - P. Capes -
9. *Father's Occupation,* Clerk in Post office
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Dr Rusk - Confined for Dr G C Dohme

Address, Dr Rusk for 86 C - Fayette St

Remarks, Natural Labor, D. G. Rusk confined the patient & city
I visited her through the ordinary time.

Office Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2nd 1882
4. *Place of Birth, (Street and Number)*	222 South St
5. *Full Name of Mother,*	Mary Kammer
6. *Mother's Maiden Name,*	" Sachs
7. *Mother's Birthplace,*	Bavaria
8. *Full Name of Father,*	John Kammer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Korth
Address,	320 South Eutaw St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	38
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Collared
3. *Date of Birth,*	Thursday Oct 5th 1882
4. *Place of Birth, (Street and Number)*	Whalcoat st. No 5
5. *Full Name of Mother,*	joanna Car
6. *Mother's Maiden Name,*	joanna midditon
7. *Mother's Birthplace,*	prince geara County
8. *Full Name of Father,*	henry Car
9. *Father's Occupation,*	C. labor
10. *Father's Birthplace,*	cartor shore Md
Name of Medical Attendant, or other Person who makes this Return.	Chollaty proctor Mid Mf
Address,	No 10 Calton
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

12

RETURN OF A BIRTH, 59989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 chd

1. *Sex (state whether ~~male~~ or female)* Chas Alfred
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Decemb 3 1882 ✓
4. *Place of Birth, (Street and Number)* 314 Linden avenue ✓
5. *Full Name of Mother* Ida Mealy ✓
6. *Mother's Maiden Name* Ida Harris ✓
7. *Mother's Birthplace* Balt ✓
8. *Full Name of Father* John W Mealy ✓
9. *Father's Occupation* Jeweller ✓
10. *Father's Birthplace* Balt ✓

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 2 3 Greenkline

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 8 1882
4. *Place of Birth, (Street and Number)* 359 McDonogh St.
5. *Full Name of Mother,* Margaret E. Eardman
6. *Mother's Maiden Name,* Hunter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Eardman
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A. Attwell

Address, 386 McDonogh St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 8. 1882
4. *Place of Birth, (Street and Number)*	629 K Gay St.
5. *Full Name of Mother,*	Sadie I Rhodes
6. *Mother's Maiden Name,*	Cooper
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Walter I Rhodes
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Hall
Address,	286 N Donegh st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	No. 27 Canton Avenue
4. *Place of Birth, (Street and Number)*	December 3rd 1882
5. *Full Name of Mother,*	Catharine Seitter
6. *Mother's Maiden Name,*	Catharine Betch
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Seitter
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Rachel A. Jarrett
Address,	No 65 Burke St.
Remarks,	Child's name — Andrew,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC. 3, 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 3rd 1892
4. *Place of Birth, (Street and Number)*	No. 339 Alicanna St.
5. *Full Name of Mother,*	Mrs. Barbara Sauer
6. *Mother's Maiden Name,*	Miss Barbara Sauer
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Henry Sauer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No. 65 Park [illegible]
Remarks,	Child's name — Andrew Jackson

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 59994

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (11) elevent

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~41 Walker~~ December 3 1882
4. *Place of Birth, (Street and Number)* 41 Walker st.
5. *Full Name of Mother,* Eugenia Dorguth
6. *Mother's Maiden Name,* Eugenia Kispert
7. *Mother's Birthplace,* Bavaria Germany
8. *Full Name of Father,* Frederik Dorguth
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1d

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* Dec the 3d 1882
4. *Place of Birth,* (*Street and Number*) Baltimore Bolton alley No 11
5. *Full Name of Mother,* asa Howard
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Lottie Howard
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2d Twins

1. *Sex,* (*state whether male or female*) females

2. *Race or Color,* (*if not of the white race*) Colored

3. *Date of Birth,* Dec the 3 1882

4. *Place of Birth,* (*Street and Number*) Baltimore Chesnut alley No 125

5. *Full Name of Mother,* Jannie Hill

6. *Mother's Maiden Name,* Gray

7. *Mother's Birthplace,* Baltimore md

8. *Full Name of Father,* John B Hill

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return Mary A Dorsey

Address, 83 Oxford St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ordinances of the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 9th 1882
4. *Place of Birth, (Street and Number)* 10 Harrest St
5. *Full Name of Mother,* Rachel Cox
6. *Mother's Maiden Name,* Rachel Cox
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, 5 Harrest St

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 12 1900

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colorid

3. *Date of Birth,* december 3 d

4. *Place of Birth, (Street and Number)* margret walles no 2 ohio avenue

5. *Full Name of Mother,* margret walles

6. *Mother's Maiden Name,* acamack va

7. *Mother's Birthplace,* david nelson

8. *Full Name of Father,* labour

9. *Father's Occupation,* florida

10. *Father's Birthplace,* mrs Lydia Porter

Name of Medical Attendant, or other Person who makes this Return no 4 patapsco avenue

Address, healthy child

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 19999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 =

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* December 3rd 82
4. *Place of Birth, (Street and Number)* 27 Low St
5. *Full Name of Mother* Harrett Ann Mason
6. *Mother's Maiden Name* = = = Crowley
7. *Mother's Birthplace* St. Mary's County Md
8. *Full Name of Father* John Walter Mason
9. *Father's Occupation* Porter
10. *Father's Birthplace* St Mary's County Md

Name of Medical Attendant, or other Person who makes this Return. Sophia Hines

Address 135 Chestnut Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60000

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st	1
1. Sex (state whether Male or Female)	Female	F
2. Race or Color (if not of the white race)	Black	B
3. Date of Birth	Dec. 3rd	3
4. Place of Birth (Street and Number)	9 Upton St.	9
5. Full Name of Mother	Ella Wreford	Ella
6. Mother's Maiden Name	Ella Thomas	Thomas
7. Mother's Birthplace	Maryland	Md
8. Full Name of Father	J. Ed. Wreford	J. Ed
9. Father's Occupation	Broom maker	Broom
10. Father's Birthplace	Balto.	
Name of Medical Attendant, or other Person who makes this Return.	Silas Baldwin	
Address	152 Townsend St	
Remarks		

RETURN OF A BIRTH 60001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 3rd 1892
4. *Place of Birth, (Street and Number)* 410 Fayette St
5. *Full Name of Mother,* Priscilla J Kirby
6. *Mother's Maiden Name,* Ohrn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Kirby
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Oliver

Address, 907 E Monument St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 3/82
4. *Place of Birth, (Street and Number)*	#331 Canton Ave
5. *Full Name of Mother,*	Mary Reis
6. *Mother's Maiden Name,*	Keck
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael Reis
9. *Father's Occupation,*	Barber
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Krapf
Address,	236 Canton Ave
Remarks,	

O DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

60003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 9 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sunday Dec 3rd 1882.
4. *Place of Birth, (Street and Number)* 213 Greenmount Ave.
5. *Full Name of Mother,* Mary Kohler.
6. *Mother's Maiden Name,* Mary McNemar
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Daniel W Kohler.
9. *Father's Occupation,* Telegraph Operator.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Wilmer Barnlow. M.D.

Address, 25½ Greenmount Ave.

Remarks, Vertex Presentation

J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 9 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Monday Morning Dec. 3rd, 1882
4. *Place of Birth, (Street and Number)*	Cor. of Monument St and Jew Alley
5. *Full Name of Mother,*	Emma H. Barrett,
6. *Mother's Maiden Name,*	Emma H. Haine,
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	James H. Barrett.
9. *Father's Occupation,*	Cracker Dealer
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton MD
Address,	25½ Greenmont ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6005

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 9 1883 HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Monday Dec 3rd. 1882
4. *Place of Birth, (Street and Number)*	38 N. Green St.
5. *Full Name of Mother,*	Mary E. Howe
6. *Mother's Maiden Name,*	Mary E. Coggins.
7. *Mother's Birthplace,*	Balto. Co. Md.
8. *Full Name of Father,*	Rockwood M Howe
9. *Father's Occupation,*	Hatter.
10. *Father's Birthplace*	Richmond Va.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Trimtow. M.D.
Address,	25 1/2 Greenmount ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 6006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. Sex, (state whether male or female) Mudchen
2. Race or Color, (if not of the white race) Weiss
3. Date of Birth, geboren den 3ten Dezember
4. Place of Birth, (Street and Number) No 122 ter Canton Av.
5. Full Name of Mother, Barbara Müller
6. Mother's Maiden Name, Barbara Lowenwein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Müller
9. Father's Occupation, Handarbeiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str

Remarks, Hebamme

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. Sex, (state whether male or female) Cog

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 Decembre

4. Place of Birth, (Street and Number) 256 Central Avenue

5. Full Name of Mother, Francoise Thofmann

6. Mother's Maiden Name, Francoise Wenger

7. Mother's Birthplace, Eshenbach Pavière

8. Full Name of Father, Auguste Thofmann

9. Father's Occupation, vvarnischer

10. Father's Birthplace, Moerlen Pavière

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 239 E Eager Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] or advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or [illegible] born, its or their physical condition, whether still-born or not, the full name, nativity, and resi[illegible] of the parents, and the maiden name of the mother of such child or children."

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CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 60007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* Cof
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 3 Decembre
4. *Place of Birth, (Street and Number)* 256 Central Avenue
5. *Full Name of Mother* Francoise Hofmann
6. *Mother's Maiden Name,* Francoise Wenger
7. *Mother's Birthplace,* Eshenbach Baviere
8. *Full Name of Father,* Auguste Hofmann
9. *Father's Occupation,* varnischer
10. *Father's Birthplace,* Moerlen Baviere

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 239 E Eager Street

Remarks, /

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6008

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 1
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex,* (state whether male or female)	Boy.
2. *Race or Color,* (if not of the white race)	White.
3. *Date of Birth,*	3rd of December 1882.
4. *Place of Birth,* (Street and Number)	307 Bath Street.
5. *Full Name of Mother,*	Mary Block.
6. *Mother's Maiden Name,*	Mary Soure
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Jacob Soure
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	Crescintia Kunkel.
Address,	71 North Chappel street per Justina Kunkel.
Remarks,	Healthy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 3a 1892
4. *Place of Birth, (Street and Number)* Burgundy alley No 73
5. *Full Name of Mother,* Emma Clemmonds
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac County Virginia
8. *Full Name of Father.* John Clemmonds
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, Burgundy alley 71

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6001a

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 8 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 3rd 1882
4. Place of Birth (Street and Number)	209 Ramsey st
5. Full Name of Mother	Emma Baylis
6. Mother's Maiden Name	Emma Stub
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Baylis
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips
Address	327 N. Lanvale
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 19 1892 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth December 3th 1892
4. Place of Birth, (Street and Number) No 47 East avenue
5. Full Name of Mother Mary Dooley
6. Mother's Maiden Name Mary Dixon
7. Mother's Birthplace South Carolina
8. Full Name of Father William Dooley
9. Father's Occupation Laborer
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Mrs J Conrad Midwife

Address No 319 East Avenue

Remarks Mother and child doing well

RETURN OF A BIRTH

6012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 3d
4. *Place of Birth, (Street and Number)*	No 301 Park Ave
5. *Full Name of Mother,*	Mary Julia Joynes Hamilton
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	T. A. J. Joynes
9. *Father's Occupation,*	Parent
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

6001 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Dec 3rd 1882
4. *Place of Birth, (Street and Number)* Maternity 161 W Lombard
5. *Full Name of Mother,* Jennie Brown
6. *Mother's Maiden Name,* do
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Wm Ollie Intoch Resley

Address, Maternity Hospt 161 W Lombard

Remarks,

Fear any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60014

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10th

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, Sept 6th 812

4. *Place of Birth*, (*Street and Number*) No 18 Pleasant Alley.

5. *Full Name of Mother*, Bridget Kennedy

6. *Mother's Maiden Name*, Considine

7. *Mother's Birthplace*, Ireland

8. *Full Name of Father*, James Kennedy

9. *Father's Occupation*, Laborer

10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bitz

Address, 120 Bank St

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60015

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female)* Male born Alive
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 4 of December
4. *Place of Birth, (Street and Number)* 48 Low street
5. *Full Name of Mother* Annia Lane
6. *Mother's Maiden Name* Annia Hall
7. *Mother's Birthplace* Staunton Va
8. *Full Name of Father* John Lane
9. *Father's Occupation* Porter
10. *Father's Birthplace* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Sylvia Hinkley

Address 135 Townsend street

Remarks

book

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 4th 1882
4. *Place of Birth (Street and Number)* No 37 Clarkson Street
5. *Full Name of Mother* Maggie Tunnid
6. *Mother's Maiden Name* Maggie Woolnagle
7. *Mother's Birthplace* Balt city md
8. *Full Name of Father* William Tunnid
9. *Father's Occupation* Lumber Business
10. *Father's Birthplace* Balt city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address No 634 South Charles Street

Remarks

---

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC. 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 4 1882
4. *Place of Birth, (Street and Number)* 104 Ensor St.
5. *Full Name of Mother,* Mrs. Sullivan
6. *Mother's Maiden Name,* Dora Knorr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. J. O'Sullivan
9. *Father's Occupation,* Electrician
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. Sheill Mrs

Address, 14 E. 4 Eth St.

Remarks, Both doing well

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

6018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC. 6 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Dec. 4 – 1882
4. *Place of Birth (Street and Number)*	82 Fairmount av.
5. *Full Name of Mother*	Magnada Glaeser
6. *Mother's Maiden Name*	" Smith
7. *Mother's Birthplace*	Balto. md
8. *Full Name of Father*	John Glaeser
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace*	Balto. md
Name of Medical Attendant, or other Person who makes this return	P. L. Dausch
Address	3 N. B'way.
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 6 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 4 1882
4. *Place of Birth, (Street and Number)* Cor. Gay & High Sts.
5. *Full Name of Mother,* Annie Beck
6. *Mother's Maiden Name,* Annie Holter
7. *Mother's Birthplace,* York Co. Pa
8. *Full Name of Father,* Charles Beck
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. D. Sheell, M.D.

Address, 14 S. U. Exch. St.

Remarks, R. O. S. A. — both doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 2 to Kind

1. *Sex,* (*state whether male or female*) Bub.
2. *Race or Color,* (*if not of the white race*) Weiss
3. *Date of Birth,* geboren den 4te December
4. *Place of Birth,* (*Street and Number*) N 95 Longcoinster Str
5. *Full Name of Mother.* Francika Weber
6. *Mother's Maiden Name.* Francika Schmidt.
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Wilhelm Weber
9. *Father's Occupation,* Commercher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, N 202 S Dallas Str

Remarks, Hebamme

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiss
3. Date of Birth, geboren 4ten December
4. Place of Birth, (Street and Number) No. 433 S. Dollar Str
5. Full Name of Mother, Mary Rettel
6. Mother's Maiden Name, Mary Schwamb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Solomn Rettel
9. Father's Occupation, Handwerkeiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Koupmann

Address, No 202 S. Dollar Str

Remarks, Hebamme

C. DULANY & CO., CITY PRINTERS AND STATIONERS

60022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December 1st
4. *Place of Birth (Street and Number)* Hanover St
5. *Full Name of Mother* Sarah E Taylor
6. *Mother's Maiden Name* Sarah E Taylor
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thos Temple
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R Clarke

Address 134 Hamburg St 1552

Remarks Nursing well

RETURN OF A BIRTH

60023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 4, of Sept
4. *Place of Birth, (Street and Number)* No 2, Foresenger
5. *Full Name of Mother,* Catharon Timothy
6. *Mother's Maiden Name,* Catharon Leland
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Leland
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Sauer

Remarks, 177, Harper, ave

JOHN B. FIET, PRINTER & STATIONER, BALT.

60024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 6 1882

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	7th
1. *Sex (~~state whether~~ male ~~or female~~)*	
2. *Race or Color (~~if not of the~~ white race)*	
3. *Date of Birth*	Dec 4th 1882.
4. *Place of Birth (Street and Number)*	409 W Lombard St.
5. *Full Name of Mother*	Josephine A. Warner
6. *Mother's Maiden Name*	Josephine A. Etchison
7. *Mother's Birthplace*	Frederick Co. Md.
8. *Full Name of Father*	Luther F. Warner.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	John J. R. Frazer Md
Address	273 W Lexington St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6002S

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 4th 1882.
4. Place of Birth, (Street and Number) N. Eutaw St. No 218.
5. Full Name of Mother. Elizabeth Full.
6. Mother's Maiden Name. Elizabeth Bausch
7. Mother's Birthplace, Balto City
8. Full Name of Father. John Full
9. Father's Occupation, Laborer
10. Father's Birthplace. Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Eutaw St. No 26.

Remarks,

DEC 8 1882

© DULANY & CO., CITY PRINTERS AND STATIONERS

16 to 026

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 8 1902

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

1. *Sex (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 4 December
4. *Place of Birth, (Street and Number)* 107 Langeste
5. *Full Name of Mother* Anni Marie
6. *Mother's Maiden Name* Peterson
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Karl Peterson
9. *Father's Occupation* — — — — —
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mari Güttner

Address S. Wolfe St 245

Remarks

RETURN OF A BIRTH

60027

11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 13 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 4.

4. *Place of Birth, (Street and Number)* 483 Lee

5. *Full Name of Mother,* Tabitha Jane Walsh

6. *Mother's Maiden Name,* " " Hanington

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm J. Walsh

9. *Father's Occupation,* Policeman

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return — Thomas O'Sia M D

Address, 39 N. Carey St

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

b0028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 4 1892
4. *Place of Birth, (Street and Number)*	134 Hanover St
5. *Full Name of Mother,*	Alice Snyder
6. *Mother's Maiden Name,*	Alice Stark
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Franklin P Snyder
9. *Father's Occupation,*	Clerk or Salesman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	140 S Conway St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60029

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 9 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~2~~ Twenty two
1. Sex (state whether Male or Female)	~~Fifth~~ Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Fifth December 1882
4. Place of Birth (Street and Number)	Baltimore Md. 56 Stockholm St.
5. Full Name of Mother	Lizzie Williams
6. Mother's Maiden Name	Lizzie Alsup
7. Mother's Birthplace	Anurundal County
8. Full Name of Father	Thomas Alsup
9. Father's Occupation	Brickmaker
10. Father's Birthplace	West River
Name of Medical Attendant, or other Person who makes this Return.	Lavania Mills
Address	#22 Stockholm St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60030

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec. 5th.

4. *Place of Birth, (Street and Number)* 392 W. Lombard St.

5. *Full Name of Mother,* Annie Mc. Blair

6. *Mother's Maiden Name,* — — Wiesel

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John F. Blair

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Anna Dampler

Address, No. 60 Schroeder St.

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 5 82.
4. *Place of Birth, (Street and Number)* 19 Webster No 24
5. *Full Name of Mother,* Mary Funk
6. *Mother's Maiden Name,* Wehner
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Johann Funk
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. F. Rambusch

Address, 19 W. Webster No 17

Remarks,

BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 5. 82.
4. *Place of Birth, (Street and Number)* S. Wolfstr No 53
5. *Full Name of Mother,* Theresia Meusel
6. *Mother's Maiden Name,* Panzer
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Georg Meusel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, No 14 S. Wolf

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6r033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 3rd

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* December 5: 1882
4. *Place of Birth,* (*Street and Number*) 36 2nd St
5. *Full Name of Mother,* Laura White
6. *Mother's Maiden Name,* " Nowa
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* John R White
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Druid Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

60034

17

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 9 1 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 12. 5. 82
4. *Place of Birth (Street and Number)* Saratoga E. of Fremont St
5. *Full Name of Mother* Hellen Smith
6. *Mother's Maiden Name* Mathews
7. *Mother's Birthplace* Tollot Co, Md
8. *Full Name of Father* Robt. H. Smith
9. *Father's Occupation* Jeweller
10. *Father's Birthplace* Queen Annes Co., Md

Name of Medical Attendant, or other Person who makes this Return. L M Eastman

Address 349 Hert St

Remarks Natural –

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60025

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Tuesday Dec 5th 1882
4. Place of Birth, (Street and Number) No 90 Harrison St
5. Full Name of Mother, Bridget Buberl
6. Mother's Maiden Name, Bridget Mitz
7. Mother's Birthplace, Bavaria
8. Full Name of Father, John Buberl
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return Mrs Rice [illegible]

Address, No 28. N. [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 14 1882

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 5/82
4. *Place of Birth, (Street and Number)* 185 Scott St
5. *Full Name of Mother,* Mary E Hillen
6. *Mother's Maiden Name,* " " Mathews
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Cyrus R Hillen
9. *Father's Occupation,* Horneß Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return Jno D Blakiman

Address, 168 S Roca St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 10037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC. 6 1892
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 5. 1892
4. *Place of Birth, (Street and Number)* 116 Johnson St Balt Md
5. *Full Name of Mother,* Lizzie Marley
6. *Mother's Maiden Name,* Lizzie Lasch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Marley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash

Address, 107 Johnson St. Balt. Md.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEC. 6 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 3 1892.
4. *Place of Birth, (Street and Number)* No 36. Randall St. Baltimore Md.
5. *Full Name of Mother,* Kate Jones.
6. *Mother's Maiden Name,* Kate Roberts.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Daniel Jones
9. *Father's Occupation,* Bal blacksmith.
10. *Father's Birthplace,* ~~Baltimore~~ Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash

Address, 107 Johnson St. Baltimore Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) ~~Third~~ Sixth

1. *Sex,* (*state whether male or female*) ~~Born confined~~ Female
2. *Race or Color,* (*if not of the white race*) ~~Brunette~~ Light complexion
3. *Date of Birth,* December 5th 1882
4. *Place of Birth,* (*Street and Number*) No. 94 S-t Paul Street
5. *Full Name of Mother,* ~~Henry~~ Mitchel
6. *Mother's Maiden Name,* Henry Howard
7. *Mother's Birthplace,* Sandy Springs Md
8. *Full Name of Father,* William Mitchel
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Sandy Springs

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 00046

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th Dec 1882
4. *Place of Birth, (Street and Number)* Balto Thames st No 54
5. *Full Name of Mother,* Annie Stolka
6. *Mother's Maiden Name,* Annie Kresina
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Stolka
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Marg Dlopitsh

Address, 69 N. Washington St

Remarks,

Marg Dlopitsh

GEO 121

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60041

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th Dec. 1892
4. *Place of Birth, (Street and Number)* Balto. Alexander St N 242
5. *Full Name of Mother,* Mary Dobry
6. *Mother's Maiden Name,* Mary Sebrosak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Tomas Dobry
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopsick

Address, 69 N. Washington

Remarks, Mary Kopsick

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6004/2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th Dec 1882
4. Place of Birth, (Street and Number) Balto. Washington st No 69
5. Full Name of Mother, Sophie Klima
6. Mother's Maiden Name, Sophie Kopitsh
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank. Klimor
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsh

Address, 69 N. Washington st

Remarks, Mary Kopitsh

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex*, (*state whether male or female*) Girl
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 5th Dec 1882
4. *Place of Birth*, (*Street and Number*) Balto Duncan Alley No 106
5. *Full Name of Mother* Annie Maggner
6. *Mother's Maiden Name*, Annie Benesh
7. *Mother's Birthplace*, Bohemia
8. *Full Name of Father*, Charles Maggner
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopfish

Address, 69 N. Mostington st

Remarks, Mary Kopfish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d " Child

1. *Sex,* (*state whether male or female*) Female.

2. *Race or Color,* (*if not of the white race*) —

3. *Date of Birth,*

4. *Place of Birth,* (*Street and Number*) 261 William St.

5. *Full Name of Mother,* Emma Sykes.

6. *Mother's Maiden Name,* " Duke

7. *Mother's Birthplace,* Balto. City.

8. *Full Name of Father,* Chas. Sykes

9. *Father's Occupation,* Policeman.

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

60045

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* December 5th 1882
4. *Place of Birth (Street and Number)* Dalas St 203 Balt
5. *Full Name of Mother* Caroline Krease
6. *Mother's Maiden Name* Caroline Laudinslagen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Krease
9. *Father's Occupation* Carpinter
10. *Father's Birthplace* Balkinhousen Hesen Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Lulia Groom

Address 466 Gay St Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

book

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Dec 5. 1882

4. *Place of Birth, (Street and Number)* No. 1 N. Exeter St.

5. *Full Name of Mother.* Ruth McCarthy

6. *Mother's Maiden Name.* " " "

7. *Mother's Birthplace.* Baltimore

8. *Full Name of Father.* Nathan De Wolf

9. *Father's Occupation,* Drummer

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster M. D.

Address, No 255 N. Exeter St.

Remarks, Child illegitimate + born of a Syphilitic mother

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

6 0047

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 3rd 1882
4. *Place of Birth (Street and Number)* Fountain St near Chester St
5. *Full Name of Mother* Virginia Right
6. *Mother's Maiden Name* Virginia Garrick
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William W Right
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann E Ball

Address No 171 Chester St

Remarks

RETURN OF A BIRTH

b 0448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	5 December
4. *Place of Birth, (Street and Number)*	75 Eden street
5. *Full Name of Mother,*	Margret Moore
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Georye Moore
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60049

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	5 December
4. *Place of Birth, (Street and Number)*	8 Edenstreet
5. *Full Name of Mother,*	Anna Dandrich
6. *Mother's Maiden Name,*	Widderfair
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Dandrich
9. *Father's Occupation,*	Resturant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Carper
Address,	72 E. Lombard street
Remarks,	

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

Foosa

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6,

1. *Sex, (state whether male or female)* Male

2. *Race or ~~Color~~, (if not of the white race)*

3. *Date of Birth,* 5 December

4. *Place of Birth, (Street and Number)* 22 Jefferson

5. *Full Name of Mother,* Babbit Miller

6. *Mother's Maiden Name,* Neumann

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Solomon Miller

9. *Father's Occupation,* Grocery dealer

10. *Father's Birthplace.* Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 728, Lombard street.

Remarks,

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6005/

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 5th child.

1. *Sex,* (*state whether male or female*) Girl.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* 5th of December 1882.
4. *Place of Birth,* (*Street and Number*) 435 Eager Street.
5. *Full Name of Mother,* Mary A Bright.
6. *Mother's Maiden Name,* Mary A Schmitt
7. *Mother's Birthplace,* Annapolis.
8. *Full Name of Father,* George Schmitt.
9. *Father's Occupation,* Brick-layer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Cresantia Kunkel.

Address, 77 North Chappel St. for Justina Kunkel.

Remarks, Healthy.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6052

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 5 - 1882
4. *Place of Birth, (Street and Number)* 40 N. Spring St.
5. *Full Name of Mother,* Anni Hoyle
6. *Mother's Maiden Name,* Fitzpatrick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hoyle
9. *Father's Occupation,* Pellet
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mary Sloey

Address, 151 E. Pratt St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 5
4. *Place of Birth, (Street and Number)*	86 Roberts St
5. *Full Name of Mother,*	May Magruder
6. *Mother's Maiden Name,*	Keach
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Edward B Magruder
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	J H Wilson Asst
Address,	251 Mad. Ave
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60054

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 5 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December
4. *Place of Birth, (Street and Number)*	No. 18 Liberty alley,
5. *Full Name of Mother,*	Katie Kirby
6. *Mother's Maiden Name,*	Katie Raiden
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	Daniel Kirby
9. *Father's Occupation,*	Meet Inspector
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	M. A Burt
Address,	No. 185. S.E. cor Central av. & Monument St.
Remarks,	A C Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 29 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 6th 1882
4. *Place of Birth, (Street and Number)*	62 Russell St
5. *Full Name of Mother,*	Dora Wetter
6. *Mother's Maiden Name,*	" Kramer
7. *Mother's Birthplace,*	Hessen - Darmstadt Germy
8. *Full Name of Father,*	Louis Wetter
9. *Father's Occupation,*	Chemist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Krah
Address,	328 South Eutaw St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60056

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 19 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 6/82
4. *Place of Birth, (Street and Number)* 155 George St.
5. *Full Name of Mother* Ida Jane Medinger
6. *Mother's Maiden Name* Kaul
7. *Mother's Birthplace* Balto. City Md
8. *Full Name of Father* Wm Henry Medinger
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. City Md

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene

Remarks

RETURN OF A BIRTH, 6 0057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 19 1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth December 6/82
4. Place of Birth, (Street and Number) 197 Linden Avenue
5. Full Name of Mother Frederika Gutman Weil
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Nathan Gutman
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene St.

Remarks

RETURN OF A BIRTH

6088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 6. 1882

4. *Place of Birth, (Street and Number)* 37 Hamburg St

5. *Full Name of Mother,* Emma Jones.

6. *Mother's Maiden Name,* Emma Dickinson

7. *Mother's Birthplace,* Accomac Co. Md

8. *Full Name of Father,* Frank Jones

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return E. B. Noble, M.D

Address, 60 Warren Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 6th 1882
4. *Place of Birth, (Street and Number)*	512 S. Papa St
5. *Full Name of Mother,*	Helen Pfefferkorn
6. *Mother's Maiden Name,*	Helen Einstein
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Leopold Pfefferkorn
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	140 Hanover St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6006a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 19 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* december 6 1892
4. *Place of Birth (Street and Number)* 472 Southst
5. *Full Name of Mother* Rosella Snowden
6. *Mother's Maiden Name* Rosella Hammon
7. *Mother's Birthplace* Howard Co, Md
8. *Full Name of Father* John Snowden
9. *Father's Occupation* Call cart driver
10. *Father's Birthplace* Annaplis

Name of Medical Attendant, or other Person who makes this Return. Charlotte

Address 258 Robergist

Remarks none

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

#11161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* 6 of december

4. *Place of Birth, (Street and Number)* Baltimore No 26 Bolton alley

5. *Full Name of Mother,* Sarah Jane Matthews

6. *Mother's Maiden Name,* Sarah Jane [illegible]

7. *Mother's Birthplace,* Ellicots Lot

8. *Full Name of Father,* Charles Matthews

9. *Father's Occupation,* Coachman

10. *Father's Birthplace,* Ellicots Lot

Name of Medical Attendant, or other Person who makes this Return Mary Ann Mason

Address, 37 Walnut Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female Colored
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Dec 6 1892
4. *Place of Birth, (Street and Number)*	22 Bond St Court
5. *Full Name of Mother,*	Maryann Barnes
6. *Mother's Maiden Name,*	Maryann Stanly
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	Samel Barnes
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Harperdgrass
Name of Medical Attendant, or other Person who makes this Return	Lucindia Wolford
Address,	130 Register St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1063

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 6 1882
4. *Place of Birth, (Street and Number)* 24 E Lombert St.
5. *Full Name of Mother,* Mary Landregan
6. *Mother's Maiden Name,* O Neal
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Landregan
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E Pratt

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60064

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 6. 1882
4. *Place of Birth, (Street and Number)* Carey & Mosher Sts
5. *Full Name of Mother,* Mary Elizabeth [redacted] Becker
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Baltcity
8. *Full Name of Father,* Fredrick Becker
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Marbury Brown Md

Address, 68 McCulloh St

Remarks,

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

600 65

RETURN OF A BIRTH.

DEC 14 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 10 Clarkson December 6th 1882
4. *Place of Birth (Street and Number)* 10 Clarkson ally
5. *Full Name of Mother* Katia Wallace
6. *Mother's Maiden Name* Katia "
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William Washington
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return Carolyn Moore

Address 2 Feldman St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

to 66

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	December 6 1882
4. Place of Birth, (Street and Number)	Baltimor Canton avenue N. 512,
5. Full Name of Mother,	Anna Elisa Hustedt
6. Mother's Maiden Name,	Anna Elise Knobel,
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Hustedt
9. Father's Occupation,	Bäcker,
10. Father's Birthplace	Bremen, Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Wiley
Address,	No 12 Patterson Park Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th Day of December 1892
4. *Place of Birth, (Street and Number)* 161 Lower Street
5. *Full Name of Mother,* Mrs Annie Wehnert
6. *Mother's Maiden Name,* Annie Krause
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr. George Wehnert
9. *Father's Occupation,* Carver
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs Surbacke

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6068

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	December 6
4. Place of Birth (Street and Number)	Baltimore Ridgely st. 124
5. Full Name of Mother	Mary Mubley
6. Mother's Maiden Name	Mary Reinhart
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Mubley
9. Father's Occupation	Trunk Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. Shaffer
Address	124 Ridgely st
Remarks	

RETURN OF A BIRTH 60069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 6 of Dec
4. *Place of Birth, (Street and Number)* No. 279, Centered, ern
5. *Full Name of Mother,* Kath Sommer,
6. *Mother's Maiden Name,* Kathe Drageser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jorge Trageser
9. *Father's Occupation,* Taleyer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Cristina Lauer

Remarks, ~~17~~ 173 Harfert ern, 1882.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6007A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 6th Dec 1872
4. *Place of Birth*, (*Street and Number*) Balto. S. W. cor. Jefferson and Caroline
5. *Full Name of Mother*, Annie Forst
6. *Mother's Maiden Name*, Ann Eurineh
7. *Mother's Birthplace*, Bohemia
8. *Full Name of Father*, James Forst
9. *Father's Occupation*, Buttonholemaker
10. *Father's Birthplace*, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kobrish

Address, 69 N. Washington st

Remarks, Mary Kobrish

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 December
4. Place of Birth, (Street and Number) 49 Lewis St.
5. Full Name of Mother, Sophia Knies
6. Mother's Maiden Name, " Bauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Staatger Knies
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ullrig

Address, 48 Holland St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6002

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 8 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 6th 1882
4. Place of Birth (Street and Number)	No. 133. North Bond St Balt Md
5. Full Name of Mother	Lizzie Emerine
6. Mother's Maiden Name	Lizzie Baker
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry E merine
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 5 Walker Street Near Bond Balt Md
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 8 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec 6th 1882
4. *Place of Birth, (Street and Number)*	69 N. Calvert St
5. *Full Name of Mother,*	Marella Kearney
6. *Mother's Maiden Name,*	Cain
7. *Mother's Birthplace,*	Cumberland Md
8. *Full Name of Father,*	Jas Kearney
9. *Father's Occupation,*	Tobacco
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Dr L Winslow
Address,	201 W. Biddle St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ordinance of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6th of December 1882
4. *Place of Birth, (Street and Number)* No. 196 Preston St.
5. *Full Name of Mother,* Kate B. Smith
6. *Mother's Maiden Name,* " " Henerson
7. *Mother's Birthplace,* Eastern Shore Va Acc.
8. *Full Name of Father,* Charles F. Smith
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Balt Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs Fanny Snowden

Address, No. 60 Sarah Ann St

Remarks, I am satisfied with her attendant

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8 0075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 6 of Decr
4. *Place of Birth,* (Street and Number) 65 Mulberry st
5. *Full Name of Mother,* Annie - Hardester
6. *Mother's Maiden Name,* Annie Mitchel
7. *Mother's Birthplace,* Born in Baltimore
8. *Full Name of Father,* C C Hardester
9. *Father's Occupation,* Steward
10. *Father's Birthplace,* Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 N Carlines st

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6007b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th December 12 15 a m
4. *Place of Birth, (Street and Number)* No 2 Smith St
5. *Full Name of Mother,* Kathrine Mary Buderer
6. *Mother's Maiden Name,* " " Bauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Buderer
9. *Father's Occupation,* Cabinet maker —
10. *Father's Birthplace,* Washington DC

Name of Medical Attendant, or other Person who makes this Return Mrs Drinker

Address, No 60 Schroeder St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60077

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 7t

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 7. 82.
4. *Place of Birth, (Street and Number)* S. Koestel str No 8
5. *Full Name of Mother,* Katharina Spenser
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* David Spenser
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolf No 14

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60078

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 9 1

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 7th
4. *Place of Birth, (Street and Number)*	248 Preston
5. *Full Name of Mother,*	~~G H Brown~~ Mary Brown
6. *Mother's Maiden Name,*	May Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	G H Brown
9. *Father's Occupation,*	Stone Mason
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ed W Jones M D
Address,	S W Cor Preston & Stricker
Remarks,	

MILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Tenth birth – twins
1. *Sex,* (*state whether male or female*)	Male and Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	December 7th 1882
4. *Place of Birth,* (*Street and Number*)	69 Burke St.
5. *Full Name of Mother,*	Mrs Mary Ellen Roberts
6. *Mother's Maiden Name,*	Miss Mary Ellen Monroe
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Alexander Roberts
9. *Father's Occupation,*	Junk dealer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Farrell
Address,	No. 63 Burke St.
Remarks,	Birth of twins premature – period of Seven month Utero gestation The children are in a very weak and prostrated condition

© DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60080

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 7th 11
4. Place of Birth (Street and Number)	29 Bond St.
5. Full Name of Mother	Mary Jane Cummings
6. Mother's Maiden Name	Mary Jane Carlyle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Sam'l Cummings
9. Father's Occupation	Brick Layer
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	W. L. Jones
Address	University Hospital
Remarks	

RETURN OF A BIRTH

60081

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	six
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th of December
4. *Place of Birth, (Street and Number)*	Baltimore City 47 East [illegible]
5. *Full Name of Mother,*	Margret Howard
6. *Mother's Maiden Name,*	Ward
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Thomas Howard
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Madam Rice [illegible]
Address,	No. 28. 2 [illegible]
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED b-12-5?

RETURN OF A BIRTH

60082

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1

"Every physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.d Alberta Cox
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 7/82
4. *Place of Birth, (Street and Number)*	25 N Poppleton -
5. *Full Name of Mother,*	Sarah E ~~Waters~~ Cox
6. *Mother's Maiden Name,*	h " Waters -
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	John F. Cox
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Pa -
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M D
Address,	39 N. Carey St
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60083

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 1. of Dec
4. *Place of Birth, (Street and Number)* No. 6. Litel Ernest, St.
5. *Full Name of Mother,* Josefine Bauer
6. *Mother's Maiden Name,* Josefine Kircher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. C. Kircher
9. *Father's Occupation,* trade Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Cristina Lauer

Remarks, 1.22 Hoopstone, 1882

C. DULANY & CO., CITY PRINTERS AND STATIONERS

60084

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth December 7 18

4. Place of Birth (Street and Number) Baltimore Burgundy st No 210

5. Full Name of Mother Gustie Dybel

6. Mother's Maiden Name Gustie Gerow

7. Mother's Birthplace Germany

8. Full Name of Father Conrad Dybel

9. Father's Occupation Seaborn

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mc Shaffer

Address 114 Ridgley St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 10085

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Seventh
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	December 7th 1852
4. *Place of Birth*, (*Street and Number*)	186 Chapel Street near Canton Ave.
5. *Full Name of Mother*,	Eliza Shawrack
6. *Mother's Maiden Name*,	Eliza Donnegan
7. *Mother's Birthplace*,	Baltimore City
8. *Full Name of Father*,	Valentine Shawrack
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs. Rachel A. Garrett
Address,	No. 65 Burke St.
Remarks,	Child's name not known Valentine

DEC 13 1852

MILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60086

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* December the 7 1882
4. *Place of Birth (Street and Number)* Dunking Aly near Chester St
5. *Full Name of Mother* Sophia Getz
6. *Mother's Maiden Name* Sophia Bush
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Getz
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Bull

Address No 171 South Chester St

Remarks

RETURN OF A BIRTH

60087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 7th 1882
4. Place of Birth, (Street and Number) Maternite Hospt 161 W Lambord
5. Full Name of Mother, Marth Hahn
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Germany
8. Full Name of Father. [illegible]
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return W P M Isaac Res Phy

Address, Maternite Hospt 161 W Lambord

Remarks, Illegitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 8 1902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7 December
4. *Place of Birth, (Street and Number)* 24 Holland St.
5. *Full Name of Mother,* Emma Bau
6. *Mother's Maiden Name,* " Markwhat
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Christian Bau
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Hesson Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Mrig

Address, 48 Holland

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6059

DEC 8 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Dec. 7– 82
4. *Place of Birth (Street and Number)*	82 S. High st.
5. *Full Name of Mother*	Mary Lucy Horn
6. *Mother's Maiden Name*	" " Horigan
7. *Mother's Birthplace*	Balto. md.
8. *Full Name of Father*	Jno. Jos. Horn
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Dausch
Address	3. N. B'way.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 7 December
4. *Place of Birth, (Street and Number)* 143 Jefferson street
5. *Full Name of Mother,* Anna Chenaway
6. *Mother's Maiden Name,* Hain
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Chenaway
9. *Father's Occupation,* Clerk
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ad Child
1. *Sex, (state whether male or female)*	George C Hubert Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 7 th 1862
4. *Place of Birth, (Street and Number)*	No 164 William st.
5. *Full Name of Mother,*	Mary Hubert.
6. *Mother's Maiden Name,*	Darr.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Georg Hubert
9. *Father's Occupation,*	Printer
10. *Father's Birthplace.*	America
Name of Medical Attendant, or other Person who makes this Return	J. Johnson midwife
Address,	330 Hanover st.
Remarks,	By Father 5/10/62 Geo. Hubert

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60092

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 7 of december
4. *Place of Birth, (Street and Number)* 150 Nonles yorkstreet
5. *Full Name of Mother,* Mary conich
6. *Mother's Maiden Name,* Mary Tomson
7. *Mother's Birthplace,* darcester contry
8. *Full Name of Father,* Juft tonson
9. *Father's Occupation,* Oyster
10. *Father's Birthplace,* jinfur

Name of Medical Attendant, or other Person who makes this Return Milley Gross

Address, No 12 plumaly

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6009 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 3 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth December 7, 1882.
4. Place of Birth (Street and Number) No. 546 Harford avenue.
5. Full Name of Mother Leodocia McCoy
6. Mother's Maiden Name Leodocia Canoles
7. Mother's Birthplace Baltimore
8. Full Name of Father ~~John B.~~ McCoy
9. Father's Occupation ~~Merchant~~
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Clewell M. D.

Address No 548 Harford avenue.

Remarks Child healthy and well developed.

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60094

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore Dec 12th 1882

1. *Sex (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* December 7
4. *Place of Birth, (Street and Number)* No 20 Chestnut Street
5. *Full Name of Mother* Laur F. Loyd
6. *Mother's Maiden Name* Laur Verginer Hill
7. *Mother's Birthplace* Wilington North Carline
8. *Full Name of Father* Hardy Loyd
9. *Father's Occupation* Markte Porter
10. *Father's Birthplace* Pitz Counter North Carline

Name of Medical Attendant, or other Person who makes this Return. ~~H~~ ~~H~~ Miss Anne Campher

Address 9 wnal bey near eden

Remarks

at to, birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60095

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Dec 7 1882

4. Place of Birth (Street and Number) Chew St 27

5. Full Name of Mother Anna Gebheart

6. Mother's Maiden Name Anna Wabspin

7. Mother's Birthplace Baltimore

8. Full Name of Father William Ben Gebheart

9. Father's Occupation Car Conductor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address S E Shute

Remarks 24 Hillsgrove St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 60096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th December 1887
4. Place of Birth, (Street and Number) 393 West Lexington
5. Full Name of Mother, Henrietta Thron
6. Mother's Maiden Name, Henrietta Stengler
7. Mother's Birthplace, Licht — Hessen (Europe)
8. Full Name of Father, Michael Thron
9. Father's Occupation, Baker
10. Father's Birthplace, Bavaria (Europe)

Name of Medical Attendant, or other Person who makes this Return Mrs Gunter

Address, 60 Schroeder St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* ~~1st~~, 2d, ~~3d~~, *&c.*)

1. *Sex*, (*state whether* ~~male~~ *or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Dec. 8. 82.
4. *Place of Birth*, (*Street and Number*) E. Lombard str No 365
5. *Full Name of Mother*, Mary Gossmann
6. *Mother's Maiden Name*, Wathmans
7. *Mother's Birthplace*, Balt.
8. *Full Name of Father*, Frany Gossmann
9. *Father's Occupation*, Tinner
10. *Father's Birthplace*, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. F. Rauch

Address, E. Baltr str No 14

Remarks,

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60098

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 8. 82.
4. *Place of Birth, (Street and Number)* E Lombard str No 265
5. *Full Name of Mother,* Barbara Gossmann
6. *Mother's Maiden Name,* Amlen
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Friedrich Gossmann
9. *Father's Occupation,* Milty
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolf str No 14

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 60019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 30 1882 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 8. 1882
4. Place of Birth (Street and Number)	248 N. Eutaw St
5. Full Name of Mother	Elizabeth B. Mosley
6. Mother's Maiden Name	Riley
7. Mother's Birthplace	Baltimore city.
8. Full Name of Father	Wm E. Mosley
9. Father's Occupation	Physician
10. Father's Birthplace	Massachusetts.
Name of Medical Attendant, or other Person who makes this Return.	W. E. Mosley M. D.
Address	248 N. Eutaw St.
Remarks	

RETURN OF A BIRTH ~~60100~~

To the Office of Registrar of Vital Statistics, Board of Health, 60100

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8 - 1882
4. *Place of Birth, (Street and Number)*	No 291 McDonogh St
5. *Full Name of Mother,*	Margaret E. Helm
6. *Mother's Maiden Name,*	" " Downs
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm E. Helm
9. *Father's Occupation,*	Brakeman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	286 McDonogh St
Remarks,	

DEC 19 1882 BALTIMORE

"Have any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60 101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	First
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Dec 8 - 1882
4. *Place of Birth*, (*Street and Number*)	No 338 E Madison St
5. *Full Name of Mother*,	Mary D. Forrester
6. *Mother's Maiden Name*,	" " Hall
7. *Mother's Birthplace*,	Balto
8. *Full Name of Father*,	John E. Forrester
9. *Father's Occupation*,	Bricklayer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return	Mary A Hall
Address,	286 N Donegal st
Remarks,	

DEC 13 1882

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th
4. *Place of Birth, (Street and Number)* 214 Fulton Ave
5. *Full Name of Mother,* Henrietta E. Adams
6. *Mother's Maiden Name,* Eddy
7. *Mother's Birthplace,* Newark N. J.
8. *Full Name of Father,* J. C. Adams
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Thomas Opie M.D.

Address, 39 N Conway St

Remarks,

...physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 8th
4. Place of Birth, (Street and Number) 11, S. Whatcoat
5. Full Name of Mother, Susan Rishop
6. Mother's Maiden Name, Susan Cast
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alonzo Rishop
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return G. W. Norris M.D.

Address, S. W. Cor. Pressman & Stricker

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6 0 104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1892

Name of child: Edna Louise Bregel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ch

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Decemb 8 1892
4. *Place of Birth, (Street and Number)* No 60 green mt avenue
5. *Full Name of Mother* Louisa Bregel
6. *Mother's Maiden Name* Louisa Snyder
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Henry Bregel
9. *Father's Occupation* Saddler
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 23 Franklin st

Remarks

RETURN OF A BIRTH 60105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 5th 1882
4. *Place of Birth, (Street and Number)*	116 Hamburg St.
5. *Full Name of Mother,*	Frances Levina Endley
6. *Mother's Maiden Name,*	Johnson
7. *Mother's Birthplace,*	Baltimore, Md. (116 Hamburg St)
8. *Full Name of Father,*	George Henry Endley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Rowe, M. D.
Address,	333 Light St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* No. 380 Orleans St.
4. *Place of Birth, (Street and Number)* December 8th. 1882
5. *Full Name of Mother,* Kate Applebee.
6. *Mother's Maiden Name,* Kate Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Applebee
9. *Father's Occupation,* Cannmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S.E. cor. Centrel av. & Monument St.

Remarks, All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEC 15 1882

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8th Child.

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* Dec. 8th 1882.
4. *Place of Birth,* (*Street and Number*) 535 Saratoga St.
5. *Full Name of Mother,* Annie Almond
6. *Mother's Maiden Name,* Winks.
7. *Mother's Birthplace,* Manchester, Md.
8. *Full Name of Father,* John Almond.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Manchester.

Name of Medical Attendant, or other Person who makes this Return. John H. White M.D.

Address, 342 N. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 60108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* Dec 8 1882
4. *Place of Birth* (Street and Number) No 125 East Str
5. *Full Name of Mother* Carrie Parks
6. *Mother's Maiden Name* Carrie Shide
7. *Mother's Birthplace* Balt city md
8. *Full Name of Father* John Parks
9. *Father's Occupation* Policee officer
10. *Father's Birthplace* Balt city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address No 634 South Charles St

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 60109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty of Four Hundred Dollars in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Dec 8 1882
4. *Place of Birth* (Street and Number) S. East Corner of Lucas & William
5. *Full Name of Mother* Annie Clift
6. *Mother's Maiden Name* Annie Kirkwood
7. *Mother's Birthplace* Balt city Md
8. *Full Name of Father* George Clift
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balt city Md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address No 634 S Charles St

Remarks

RETURN OF A BIRTH 60110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8 1882
4. *Place of Birth, (Street and Number)*	Dunis Hill Ave near Dolphin
5. *Full Name of Mother,*	Mary Mitchell Williams
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Harford Co.
8. *Full Name of Father,*	Frank Mitchell
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. McWilson M.D.
Address,	251 Mad. Ave.
Remarks,	Instrumental Assistance

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 12 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight (8th)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 8th, 1882
4. *Place of Birth, (Street and Number)* No 409 East Fayette Street
5. *Full Name of Mother,* Mrs. Annie Rackensburger
6. *Mother's Maiden Name,* Miss Annie Ligner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr. Jacob Rackensburger
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendinen M.D.

Address, No 102 North Broadway

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 60112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 4th
4. *Place of Birth, (Street and Number)*	No 50. Park, ave
5. *Full Name of Mother,*	Maria. Staff
6. *Mother's Maiden Name,*	Anna Maria Jackson
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Anton. Staff
9. *Father's Occupation,*	Seavenger
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Mrs. Sarah. Wooden
Address,	No 120. Greenmount av
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

60112

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Dec 8
4. *Place of Birth (Street and Number)* 160 N Castle St
5. *Full Name of Mother* Ann Brown
6. *Mother's Maiden Name* ~~M~~ Ann Vines
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Brown
9. *Father's Occupation* Cart Driver
10. *Father's Birthplace* Long Green

Name of Medical Attendant, or other Person who makes this Return. L A C Overton

Address 266 Castle

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 6 1882
4. *Place of Birth, (Street and Number)* No 16 Marshall Ave
5. *Full Name of Mother* Mary E. Bodebeck
6. *Mother's Maiden Name* Mary E. Jordan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Bodebeck
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Lemmy

Address No 18 Byrd st

Remarks

RETURN OF A BIRTH ~~60011~~ Over

To the Office of Registrar of Vital Statistics, Board of Health, 60115

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Name of Child - Emma

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8th 1882
4. Place of Birth, (Street and Number) No 118 Register st
5. Full Name of Mother, Katie Schulz
6. Mother's Maiden Name, " Nanstianer
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Schulz
9. Father's Occupation, House Carpener
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

BALTIMORE

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 0116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st "

1. *Sex,* (*state whether male or female*) Male "
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* ~~No. 1~~ Registered. December 8th "
4. *Place of Birth,* (*Street and Number*) No 105 Registered
5. *Full Name of Mother,* Maggie Boeckner
6. *Mother's Maiden Name,* No 5 Gerhard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Boeckner
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address,

Remarks,

WM. J. DULANY & CO., CITY PRINTERS AND STATIONERS

60117

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. Dec 9th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th 1882
4. *Place of Birth, (Street and Number)* 348 Eastern Ave
5. *Full Name of Mother,* Maggie Zorn
6. *Mother's Maiden Name,* Maggie Eder
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Zorn
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, 137 South Wolfe St

Remarks, —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 13 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 December 1882
4. *Place of Birth, (Street and Number)* 50 Short St
5. *Full Name of Mother,* Catherine Goetze
6. *Mother's Maiden Name,* " " Bohnert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Goetze
9. *Father's Occupation,* tinner
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs M E Hurley

Address, 94 N Eden St

Remarks, labor normal

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

6 0119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8 th 1882
4. *Place of Birth, (Street and Number)*	No. 129 West St.
5. *Full Name of Mother,*	Mary Belle Schneider
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Frank Bell.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohnaasse midwife
Address,	330 Conover st.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* born on the 8th of Dec. 82
4. *Place of Birth, (Street and Number)* 85 Fred. Ave.
5. *Full Name of Mother,* Lizie Eilingsfeld
6. *Mother's Maiden Name,* L. Bayer
7. *Mother's Birthplace,* born in State of Pensylvania
8. *Full Name of Father,* John Eilingsfeld
9. *Father's Occupation,* Dealer in Lager Beer and Wine ~~[illegible]~~
10. *Father's Birthplace,* born in Balto. County Md.

Name of Medical Attendant, or other Person who makes this Return Mr. Hiller

Address. 1017 W. Pratt St.

Remarks.

"Shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60121

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 9th 1882
4. *Place of Birth, (Street and Number)*	197 Lee St
5. *Full Name of Mother,*	Virginia Miller
6. *Mother's Maiden Name,*	" Shaw
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Linn H. Miller
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	J C Bucks M D
Address,	15 W Hanover St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 9th 1882
4. *Place of Birth, (Street and Number)* No 183 S Bethel str
5. *Full Name of Mother,* Lina Paines
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Charles Paines
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

"Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 9th 882
4. Place of Birth, (Street and Number) No 43 S Caste st
5. Full Name of Mother, Magdelena Weil
6. Mother's Maiden Name, Edlinger
7. Mother's Birthplace, Poland Russia
8. Full Name of Father, Carl Weil
9. Father's Occupation, Peddler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Belz

Address, 127 Bank st

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 29 1882

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) Third

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Dec 9th 1882
4. *Place of Birth*, (*Street and Number*) 217 Scott St
5. *Full Name of Mother*, Ella Deems
6. *Mother's Maiden Name*, " Lepp
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Thomas Deems
9. *Father's Occupation*, Shipping Clerk
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Crok

Address, 328 South Eutaw St

Remarks,

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 9th 1882
4. *Place of Birth, (Street and Number)* No 4 Hanover St. Baltimore
5. *Full Name of Mother,* Catherine Elizabeth Devone
6. *Mother's Maiden Name,* " " Hunt
7. *Mother's Birthplace,* Hanover Penn:
8. *Full Name of Father,* James William Devone
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Kent County Maryland

Name of Medical Attendant, or other Person who makes this Return Pembroke M. Wimble M.D.

Address, No 205 W. Lombard St.

Remarks, Baltimore Md

"Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 60126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Md.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 9/82
4. *Place of Birth, (Street and Number)* 626 W. Baltimore St.
5. *Full Name of Mother* Laura J. Shrate.
6. *Mother's Maiden Name* Bowen
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George A. Shrate.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 205 W. Biddle St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60127

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Dec. 9/882
4. *Place of Birth, (Street and Number)* 61 N. Front St
5. *Full Name of Mother* Mary B. Fahey
6. *Mother's Maiden Name* " " Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Fahey
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward Kilduff

Address 52 Aisquith St

Remarks

RETURN OF A BIRTH 6028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Esther Tannebaum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 9th 1882
4. *Place of Birth, (Street and Number)*	132 N Bond St
5. *Full Name of Mother,*	Annie Tannebaum
6. *Mother's Maiden Name,*	Annie Seiden
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Edward Tannebaum
9. *Father's Occupation,*	Merchant Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook MD
Address,	146 Hanover St
Remarks,	GIVEN NAME ADDED 2-1-54 L.M

DEC 15 1882

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	~~419 S. Charles St~~ Dec 9th 1882
4. *Place of Birth, (Street and Number)*	419 S. Charles St
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Mary McCarty
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	James W. Smith
9. *Father's Occupation,*	Glass Shearer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 Hanover St
Remarks,	

DEC 16 1882

"Shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 6013a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 9th 1882
4. *Place of Birth, (Street and Number)* 42 N. Calvert St.
5. *Full Name of Mother* Francis Campbell
6. *Mother's Maiden Name* Francis Lewis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Bernard Campbell
9. *Father's Occupation* Grocery & Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M. D.

Address No. 5 Franklin St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
(state whether male or female)	female
e or Color, (if not of the white race)	white race
e of Birth	December 20 9th
ce of Birth, (Street and Number)	Baltimore randle st No 213
Name of Mother	Margret fowler
her's Maiden Name	Margret Meyouigle
her's Birthplace	Baltimore
Name of Father	Mirwin fowler
er's Occupation	Brush maker
er's Birthplace	Calvert Co Md
e of Medical Attendant, or other Person who makes this Return.	Elizabeth Fallcon
ress	william st No 94
urks	

RETURN OF A BIRTH 60732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 12te Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, geboren den 9ten December

4. Place of Birth, (Street and Number) № 185 S. Carlein Str

5. Full Name of Mother Sürj Gus

6. Mother's Maiden Name, Sürj Eberhom

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Gus.

9. Father's Occupation, Handarbeiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202. S. Dallas Str

Remarks, Hebamme

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiss
3. Date of Birth, geboren den 9te December
4. Place of Birth, (Street and Number) № 53. Bank Str
5. Full Name of Mother, Louise Hesmer
6. Mother's Maiden Name, Louise Kliete
7. Mother's Birthplace, Deutschland.
8. Full Name of Father, Wilhelm Hesmer
9. Father's Occupation, Handarbeiter
10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202. S. Dallas Str

Remarks, Hebamme

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60134

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 9th 1892
4. *Place of Birth, (Street and Number)* 123 S. Haigh St
5. *Full Name of Mother* Maggie Bullock
6. *Mother's Maiden Name* Maggie Mamietta
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Bullock
9. *Father's Occupation* Planing Mill (Workman in)
10. *Father's Birthplace* Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address cor. S Frankeni St

Remarks

RETURN OF A BIRTH 60135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex, (state whether male or female)* Male
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 9 December
4. *Place of Birth, (Street and Number)* 34 Harrison street
5. *Full Name of Mother,* Mary Heiman
6. *Mother's Maiden Name,* Seimann
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Joseph Heiman
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 726 E. Lombard street

Remarks,

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

60136

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

H

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Decr 9 1882
4. *Place of Birth, (Street and Number)*	305 E. Biddle
5. *Full Name of Mother,*	Anna E. Boyle
6. *Mother's Maiden Name,*	Anna E. Brooks
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Boyle
9. *Father's Occupation,*	Bank Clerk
10. *Father's Birthplace,*	Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno F. Powell M.D.

Address, 227 Carrollton Ave.

Remarks, Child Healthy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60134

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	first
1. *Sex.* (*state whether male or female*)	female
2. *Race or Color.* (*if not of the white race*)	white
3. *Date of Birth,*	Dec. 9th 1882.
4. *Place of Birth,* (*Street and Number*)	449 N. Carey st.
5. *Full Name of Mother,*	Mary F. Batchelor
6. *Mother's Maiden Name,*	Tucker
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Wm. L. Batchelor
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other Person who makes this Return	J. M. Christian M.D.
Address,	431 Lemmon ave.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 16 1882 ~~190 E. Madison~~
4. *Place of Birth, (Street and Number)*	190 E. Madison St
5. *Full Name of Mother,*	Sarah A. Hubbard
6. *Mother's Maiden Name,*	Sarah A. Phillips
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas J. Hubbard
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Silas N. Hunter MD
Address,	36 Greenmount Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 10139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 10 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored child
3. *Date of Birth,* 10 of December
4. *Place of Birth, (Street and Number)* No 1 Parrish alley
5. *Full Name of Mother,* Annie Gibson
6. *Mother's Maiden Name,* Annie Saint
7. *Mother's Birthplace,* Albert Co MD
8. *Full Name of Father,* Charley Gibson
9. *Father's Occupation,* Laburan man
10. *Father's Birthplace,* Harford Co MD

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, No 67 Walcott St City

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 10th 1882 1882
4. *Place of Birth, (Street and Number)*	210 South Street.
5. *Full Name of Mother,*	Fannie E. ~~Perry~~ Whittemore
6. *Mother's Maiden Name,*	" " Perry
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John R. Whittemore
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	James J. McShane, M.D.
Address,	68 S. Broadway
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Clara Louise Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, December 10th 1882
4. Place of Birth, (Street and Number) No 312 Hanover st.
5. Full Name of Mother, Louisa Schmidt.
6. Mother's Maiden Name, Louisa Fritschner.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Wm E. Schmidt
9. Father's Occupation, Piano maker
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Miss Mund

Address, 1 Lentenhall Street

Remarks, GIVEN NAME ADDED 1-9-52

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 10th 1882
4. *Place of Birth, (Street and Number)*	Balair Avenue near Washington
5. *Full Name of Mother,*	Catharine Rose Amoss
6. *Mother's Maiden Name,*	" " Worley
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	James Oliver Amoss
9. *Father's Occupation,*	Bookbinder
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Maria Hillegeist
Address,	1182 E. Monument St.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 6145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Dec 24 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 10 1882
4. *Place of Birth (Street and Number)* 146 Conrad St
5. *Full Name of Mother* Barbary Telander
6. *Mother's Maiden Name* Burby Scherman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Telander
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address Name of child Frederick Telander

Remarks

I hereby request any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60144

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	W
3. *Date of Birth*,	10th Dec. 1882
4. *Place of Birth*, (*Street and Number*)	162 S Sharp
5. *Full Name of Mother*,	Mary Hanson
6. *Mother's Maiden Name*,	Milburn
7. *Mother's Birthplace*,	Balt.
8. *Full Name of Father*,	John E Hanson
9. *Father's Occupation*,	Carpenter
10. *Father's Birthplace*,	Balt.
Name of Medical Attendant, or other Person who makes this Return	H. W. Webster
Address,	57 Barre St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 14 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 10th
4. Place of Birth, (Street and Number) No 177 W. Pratt st
5. Full Name of Mother, Margret Leonart
6. Mother's Maiden Name, Metzger
7. Mother's Birthplace, Balto
8. Full Name of Father, Paul Leonart
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sophie Simon

Address, No 20 Pratt st

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 16th 1882
4. *Place of Birth, (Street and Number)* 68 Burgundy alley
5. *Full Name of Mother,* Mary Elizer tate
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John tate
9. *Father's Occupation,* A Sailor
10. *Father's Birthplace,* Rappahanoc County Va

Name of Medical Attendant, or other Person who makes this Return Deborah Thorne

Address, 71 Burgundy alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sunday Dec 10th 1893
4. *Place of Birth, (Street and Number)* 214 Frederick Ave
5. *Full Name of Mother* Annie Bullard
6. *Mother's Maiden Name* Annie Kothmeier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Antone Bullard
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Doll

Address 57 Baudalor St City

Remarks

RETURN OF A BIRTH 60148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Decb 10 1882
4. *Place of Birth, (Street and Number)* Keyser Street Baltimore md
5. *Full Name of Mother,* Mary Hennel Klippmeier
6. *Mother's Maiden Name,* Mary Hennel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Klippmeier
9. *Father's Occupation,* Kupfer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss M Burns

Address, Chester Street near Belair av.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	7th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	December 10th. 1882
4. *Place of Birth*, (*Street and Number*)	No. 557. East Fayetta St.
5. *Full Name of Mother*,	Mary Fosler
6. *Mother's Maiden Name*,	Mary Fours
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Uriah Fosler
9. *Father's Occupation*,	Carpenter
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt
Address,	No 185 S.E. cor. Central av. & Monument St.
Remarks,	All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 10th / 82
4. *Place of Birth (Street and Number)* 59½ Lee St
5. *Full Name of Mother* Susie White
6. *Mother's Maiden Name* " Linthicum
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm White
9. *Father's Occupation* Printer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address C. A. Lewis

Remarks 162 Hanover St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6015

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 10th 1882
4. Place of Birth (Street and Number)	535 Light St
5. Full Name of Mother	Sarah E. Feeney
6. Mother's Maiden Name	" " Smith
7. Mother's Birthplace	Baltimore Co Md
8. Full Name of Father	John Feeney
9. Father's Occupation	Machinist
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	O. A. Coste M.D.
Address	513 Light Street
Remarks	

Keep Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10th Child.

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* Dec. 10th 1882.
4. *Place of Birth,* (*Street and Number*) ~~775~~ 78 Parkin St.
5. *Full Name of Mother,* Harriet Childs.
6. *Mother's Maiden Name,* Degaw.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George W. Childs.
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. John F. White, M. D.

Address, 342 N. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

60153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 10th 1882
4. *Place of Birth, (Street and Number)* No. 15 Randel Street
5. *Full Name of Mother,* Mary Frances Harwood
6. *Mother's Maiden Name,* Mary Frances Burns
7. *Mother's Birthplace,* Baltimore City, Md.
8. *Full Name of Father,* Eugene Boyd Harwood
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Prince Georges County Md

Name of Medical Attendant, or other Person who makes this Return Miss Conway

Address.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

60154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 1882

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	12th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Dec 16th 1882
4. *Place of Birth*, (*Street and Number*)	16 Lee St
5. *Full Name of Mother*,	Mary R Kunkel
6. *Mother's Maiden Name*,	Mary R Kirchner
7. *Mother's Birthplace*,	Delaware
8. *Full Name of Father*,	John W Kunkel
9. *Father's Occupation*,	Wagon Maker
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	146 Lancaster
Remarks,	

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS

60155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 10th 1882
4. Place of Birth (Street and Number)	Montgomery st No. 133. Balt.
5. Full Name of Mother	Louissa McCoy
6. Mother's Maiden Name	" Reed
7. Mother's Birthplace	Norfolk
8. Full Name of Father	Wm McCoy
9. Father's Occupation	Laborer
10. Father's Birthplace	Norfolk
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	220 Montgomery st Balt.
Remarks	

Best Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Dec 10. 1882
4. *Place of Birth,* (*Street and Number*) No 45 Johnson St Balt. Md.
5. *Full Name of Mother,* Caroline Grason
6. *Mother's Maiden Name,* Caroline Tyler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Grason
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Stack.

Address, 107 Johnson St. Balt. Md.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Dec 10. 1882
4. *Place of Birth, (Street and Number)* 1628 Battery Avenue
5. *Full Name of Mother,* Kate Shier
6. *Mother's Maiden Name,* Kate Ulrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Shier
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Nash.

Address, 167 Johnson St Balt. Md.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

6158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 12 1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 10. 1882
4. *Place of Birth, (Street and Number)* No. 81 Cross St. Balt. Md.
5. *Full Name of Mother,* Mary Lantar
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* ~~Bal~~ Kansas
8. *Full Name of Father,* Richard Lantar
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Nash

Address, 107 Johnson St. Balt. Md.

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

6059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 10th 1882

4. Place of Birth (Street and Number) No 109 Randall Street

5. Full Name of Mother Mary A Parks

6. Mother's Maiden Name do Hayden

7. Mother's Birthplace Balt city md

8. Full Name of Father Thomas Parks

9. Father's Occupation Brickmaker

10. Father's Birthplace Balt city md

Name of Medical Attendant, or other Person who makes this Return. E Hinton

Address No 634 South Charles St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 60160

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December the 10, 1882
4. *Place of Birth, (Street and Number)* President St. No. 20.
5. *Full Name of Mother,* Maria Zick
6. *Mother's Maiden Name,* Maria Leidheiser
7. *Mother's Birthplace,* Züschen, K. Preussen, Germany
8. *Full Name of Father,* Friedrich Zick
9. *Father's Occupation,* Wheel Right
10. *Father's Birthplace,* Welson, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1 Dallas St. No. 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3

1. *Sex,* (*state whether male or female*) ~~Female~~
2. *Race or Color,* (*if not of the white race*) colored
3. *Date of Birth,* 1 December
4. *Place of Birth,* (*Street and Number*) 22 Orban's St.
5. *Full Name of Mother,* Mary Marcher
6. *Mother's Maiden Name,* Duvall
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Marcher
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Norfolk

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Illig

Address, 18 Holland St.

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 10 December
4. *Place of Birth,* (*Street and Number*) 69 Somerset St.
5. *Full Name of Mother,* Maggie Butz
6. *Mother's Maiden Name,* " " Pigl
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Joseph Butz
9. *Father's Occupation,* ~~Do~~ Gilder
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allin

Address, 48 Holland St

Remarks, Balt.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4th Child.
1. *Sex*, (*state whether male or female*)	Boy.
2. *Race or Color*, (*if not of the white race*)	White.
3. *Date of Birth*,	10th of December 1882.
4. *Place of Birth*, (*Street and Number*)	94 North Wolf street.
5. *Full Name of Mother*,	Dentzena Schangel.
6. *Mother's Maiden Name*,	Denthens Hagert.
7. *Mother's Birthplace*,	Annaplas.
8. *Full Name of Father*,	William Hagert.
9. *Father's Occupation*,	Bricklayer.
10. *Father's Birthplace*,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Cresantia Kunkel.
Address,	71 North Chapel st. per Justina Kunkel.
Remarks,	Healthy.

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, born on the 10th of Dec. /82
4. *Place of Birth*, (*Street and Number*) 75 Frederick Ave.
5. *Full Name of Mother*, Therese Lichau
6. *Mother's Maiden Name*, T. Tahlak Schalk
7. *Mother's Birthplace*, born in Prussia Germany
8. *Full Name of Father*, Julius Lichau.
9. *Father's Occupation*, Worker
10. *Father's Birthplace*, born in Prussia Germany

Name of Medical Attendant, or other Person who makes this Return Mr. Hillen

Address, 1017 W. Pratt St.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 5

1. *Sex.* (*state whether male or female*) White
2. *Race or Color.* (*if not of the white race*) Female
3. *Date of Birth,* 10th of December
4. *Place of Birth,* (*Street and Number*) 261 N. Eden St.
5. *Full Name of Mother,* Lizzie Wittmer
6. *Mother's Maiden Name,* Lizzie Fredrick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wittmer
9. *Father's Occupation,* Shoe Employer
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6 0166

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 21 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 11 1892
4. Place of Birth (Street and Number)	107 N Eay.
5. Full Name of Mother	Sallie Rosenheim
6. Mother's Maiden Name	Sallie. Freed
7. Mother's Birthplace	Balt. City.
8. Full Name of Father	Leopold Rosenheim
9. Father's Occupation	Clothier
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	A B Record M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth.

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* December 14 1882.
4. *Place of Birth* (Street and Number) In 229 Harford avenue
5. *Full Name of Mother* Mary A. Cunningham
6. *Mother's Maiden Name* Mary A. Barringer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John D. Cunningham
9. *Father's Occupation* Hackman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eug. A. Elwell M. D.

Address 548 Harford avenue.

Remarks Child healthy and well developed.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6 0168

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 11 - 1882
4. *Place of Birth, (Street and Number)*	90 S. Spring
5. *Full Name of Mother,*	Mary Jane
6. *Mother's Maiden Name,*	Kelly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Jane
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Steer
Address,	151 E. Pratt St.
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

18

60169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 6 1883 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 11th/82
4. *Place of Birth (Street and Number)* 158 Hanover st
5. *Full Name of Mother* Carrie Gillingham
6. *Mother's Maiden Name* " Meekins
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Thomas Gillingham
9. *Father's Occupation* Mate
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

C. A. Lewis

162 Hanover st

Vice Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 60170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd,

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* December 11th 1882
4. *Place of Birth (Street and Number)* 225 Gough St.
5. *Full Name of Mother* Emma Webb
6. *Mother's Maiden Name* Emma Bradburn
7. *Mother's Birthplace* Md
8. *Full Name of Father* Joseph S. Webb
9. *Father's Occupation* Chesapeake Pilot
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Jno. S. Lynch M.D.,

Address 101 S. Broadway

Remarks

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise ... of any child, within ... Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Second
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Dec 11th 1882
4. *Place of Birth*, (*Street and Number*)	No 6 Second St
5. *Full Name of Mother*,	Mary Wiedenmeier
6. *Mother's Maiden Name*,	" Goehlinghorst
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Geo Wiedenmeier
9. *Father's Occupation*,	Restaurant Keeper
10. *Father's Birthplace*.	Hessen-Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address,	328 South Eutaw St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

...of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

...ex (state whether Male or Female) Female

...ace or Color (if not of the white race) Colored

...ate of Birth Monday 11th 1882

...lace of Birth (Street and Number) Boyd Street

...l Name of Mother Ellen Lyons

...ther's Maiden Name Stray child, & we dont know his

...other's Birthplace fathers name

...ull Name of Father

...ther's Occupation

...ther's Birthplace

...me of Medical Attendant, or other Person who makes this Return. Caroline Stewart

...dress is a healthy child.

...marks

...at any physician, accoucheur midwife, or other person in charge, who shall attend, assist ... City ...

GIVEN NAME ADDED 4-14-58

RETURN OF A BIRTH, 60173

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Essie L. Bowman

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec 11th 1882
4. *Place of Birth, (Street and Number)*	3 Warren ave
5. *Full Name of Mother*	Carrie D. Bowman
6. *Mother's Maiden Name*	Suydam
7. *Mother's Birthplace*	N. Jersey
8. *Full Name of Father*	Alonzo E. Bowman
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	N. Jersey
Name of Medical Attendant, or other Person who makes this Return.	R. C. Fee
Address	Hanover & Barre sts
Remarks	

RETURN OF A BIRTH 60174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11 " 22 Granby st
4. *Place of Birth, (Street and Number)* No 122 Granby st
5. *Full Name of Mother,* Josephine Simon
6. *Mother's Maiden Name,* " " D Weitzmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Simon
9. *Father's Occupation,* Setzer
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return — Sophia Simon

Address, 1170 Granby st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6015

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex,* (state whether male or female)	male
2. *Race or Color,* (if not of the white race)	Colored
3. *Date of Birth,*	Dec 11th
4. *Place of Birth,* (Street and Number)	15 Jew alley
5. *Full Name of Mother,*	Ellar Dickerson
6. *Mother's Maiden Name,*	Ellen Bell
7. *Mother's Birthplace,*	Easton MD
8. *Full Name of Father,*	William Henry Dickerson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Easton MD
Name of Medical Attendant, or other Person who makes this Return.	Sarha Pennington
Address,	918 Jasper St
Remarks,	

DEC 16 1882

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60176

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 11th

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth,* Dec 11th 1892
4. *Place of Birth,* (*Street and Number*) No 121 Jefferson st
5. *Full Name of Mother* Mrs Kate Luff
6. *Mother's Maiden Name,* " " Raabe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Luff
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Goltze

Address, No 55 S. Bond st

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-15-52

RETURN OF A ~~BIRTH~~ 60177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Carrie Kolb

DEC 16 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 11th 1882
4. *Place of Birth, (Street and Number)* No 31 Gilford st
5. *Full Name of Mother,* Margaret Kolb
6. *Mother's Maiden Name,* Kupfer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Kolb
9. *Father's Occupation,* Brush Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Dr Colyer

Address, No 25 S. Bond st

Remarks,

© KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nte. 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 11 of Dec
4. *Place of Birth, (Street and Number)* No 257. Central ern
5. *Full Name of Mother,* Sophia Beitner
6. *Mother's Maiden Name,* Sophia Huck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Huck
9. *Father's Occupation,* Diener
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Cristina Lauer

Remarks, 173 Harper ern. 1882

DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6 or 79

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 11th 1852
4. *Place of Birth, (Street and Number)* Fort Avenue 8th Number
5. *Full Name of Mother* Lena Harvey
6. *Mother's Maiden Name* Lena Gosnine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Harvey
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Kearney

Address N° 18 Bayard st

Remarks

6018a

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 18 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* December 11 1882
4. *Place of Birth (Street and Number)* No 10 Carrow Street
5. *Full Name of Mother* Margrett quill
6. *Mother's Maiden Name* Marrett Tiles
7. *Mother's Birthplace* Calvert Co Md
8. *Full Name of Father* Thomas quill
9. *Father's Occupation* Whitewasher
10. *Father's Birthplace* Calvert Co MD

Name of Medical Attendant, or other Person who makes this Return. Charlott Warren

Address No 258 Raborg St

Remarks born sick but yet alive

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4th

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Dec 13th 1852
4. *Place of Birth*, (*Street and Number*) No 101 S Charles st
5. *Full Name of Mother*, Magdalena Wagner
6. *Mother's Maiden Name*, Steiger
7. *Mother's Birthplace*, City
8. *Full Name of Father*, Johan Wagner
9. *Father's Occupation*, Cooper
10. *Father's Birthplace*, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Butz

Address, 120 Bank st

Remarks,

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. (2.th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 12.th 1882.
4. Place of Birth, (Street and Number) No 225, N. Washington Str.
5. Full Name of Mother, Katharina Fuka
6. Mother's Maiden Name, " Evach
7. Mother's Birthplace, Vožďan, Bohemia,
8. Full Name of Father, John. Fuka
9. Father's Occupation, Labor
10. Father's Birthplace. Osek, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20, Barnes, Str

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH 60183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 te

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dez. 12. 82.
4. Place of Birth, (Street and Number) S. Wolf str No 103
5. Full Name of Mother, Apolone Muller
6. Mother's Maiden Name, Taepfner
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Georg Muller
9. Father's Occupation, Plumber
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. F. Raubach

Address, S. Wolf. N. 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 60/824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 12th 1883
4. *Place of Birth, (Street and Number)* Market Space
5. *Full Name of Mother,* Maggie Lenz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Lenz
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 112 E. Lombard St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 12th 1882
4. *Place of Birth, (Street and Number)*	#85 Ensor Street
5. *Full Name of Mother,*	Cecilia Falguer
6. *Mother's Maiden Name,*	" Sehke
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Falguer
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dena Hillegeist
Address,	#182 E. Monument St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th "
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Dec. 12th 1882.
4. *Place of Birth*, (*Street and Number*)	#107 Aisquith St.
5. *Full Name of Mother*,	Jennie Ball
6. *Mother's Maiden Name*,	" Mildruff
7. *Mother's Birthplace*,	Baltimore Md.
8. *Full Name of Father*,	Thomas L. Ball
9. *Father's Occupation*,	Policeman
10. *Father's Birthplace*,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dena Hillegeist
Address,	4182 E. Monument St.
Remarks,	

"Every Physician or Midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 12 1882
4. *Place of Birth (Street and Number)* Gough st 209 Be, Md
5. *Full Name of Mother* Clementine Lankelow
6. *Mother's Maiden Name* Laak
7. *Mother's Birthplace* Be City Md
8. *Full Name of Father* Henry Lankelow
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace* Be City Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address 194 Gough st

Remarks Mother & Babe doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

60188

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 12/82
4. *Place of Birth (Street and Number)* 40 Cross St
5. *Full Name of Mother* Mary White
6. *Mother's Maiden Name* " Holson
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John White
9. *Father's Occupation* Painter
10. *Father's Birthplace* Deleware

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks C. A. Lewis

102 Hanover St

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 5 1883

JAN 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first Born

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White with Dark Hair
3. *Date of Birth,* 12th day of December 1882
4. *Place of Birth, (Street and Number)* Baltimore Md. 427 Cross Street
5. *Full Name of Mother,* Mrs Louisa A. Tormollan
6. *Mother's Maiden Name,* Miss Louisa A Gronau
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr. John C. Tormollan
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Address, ~~Dr.~~

Remarks, Twelve Boxes

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

60190

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of December
4. Place of Birth, (Street and Number) N 37 Gilfords, Ab
5. Full Name of Mother, Kate Snyder
6. Mother's Maiden Name, Kate Waltzar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andress Snyder
9. Father's Occupation, Laborbor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Griesbaber

Address, N 0128 West St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 12th 1892
4. *Place of Birth, (Street and Number)*	No 46 O'Donnell St.
5. *Full Name of Mother,*	Mrs Annie Boyd
6. *Mother's Maiden Name,*	Miss Annie Todd
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	James Boyd
9. *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Anne Arundel Co.
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 46 Bank St.
Remarks,	Child's name Annabel

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Records of Vital Statistics in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12th December
4. Place of Birth, (Street and Number) South Charles st 248 No
5. Full Name of Mother, B Stern
6. Mother's Maiden Name, B Katz
7. Mother's Birthplace, Germany
8. Full Name of Father, Meier Stern
9. Father's Occupation, Shea Maker
10. Father's Birthplace, Emmen Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Catharina Mirich

Remarks, 1 Leadenhall St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 18 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	...igth Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	12. dez
4. *Place of Birth, (Street and Number)*	Salsbury Alley
5. *Full Name of Mother,*	Sarah Ried
6. *Mother's Maiden Name,*	Sarah Ried
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Joseph Ried
9. *Father's Occupation,*	Workingman
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72. E. Lombardstreet
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6 0194

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEC 14 1894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Dec 12 1894
4. *Place of Birth, (Street and Number)* No 174 Mol St. Balto Md.
5. *Full Name of Mother,* Kate Kraft.
6. *Mother's Maiden Name,* Kate Russell.
7. *Mother's Birthplace,* Balto, Md.
8. *Full Name of Father,* Cyrus Kraft.
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Nash.

Address, 107 Johnson St Balto Md.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60195

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 12th 1882
4. *Place of Birth, (Street and Number)*	No. 35 Hill st.
5. *Full Name of Mother,*	Emma Owens
6. *Mother's Maiden Name,*	Mitchell
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	J. Tomas Owens
9. *Father's Occupation,*	Insurance Agent
10. *Father's Birthplace.*	America
Name of Medical Attendant, or other Person who makes this Return	J. Schweisser midwife
Address,	330 Hanover st.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sattlarger Erle Nro 5.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	born den 19 Dez.
4. *Place of Birth, (Street and Number)*	9
5. *Full Name of Mother,*	Sarah Reed
6. *Mother's Maiden Name,*	Sarah Easter
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Hermene Reed
9. *Father's Occupation,*	working man
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Sarah Sisner
Address,	E Pontard St 79.
Remarks,	born betwen 6–7 Monat den daid after 4 Wk.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

0197

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1882

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* December 12th 1882
4. *Place of Birth (Street and Number)* 29 W. Fayette St.
5. *Full Name of Mother* Sallie Kahn
6. *Mother's Maiden Name* Sallie Schoolheir
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Marx Kahn
9. *Father's Occupation* Manufacturer of Clothing
10. *Father's Birthplace* Evansville Indiana

Name of Medical Attendant, or other Person who makes this Return. John D. A. Frazier M.D.

Address 275 W. Lexington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Decemb 13 1822

1. *Sex, (state whether male or female)* female Luisa Cook born peach
2. *Race or Color, (if not of the white race)* black born peach Aly No 9
3. *Date of Birth,* Date birts peach Aly 9
4. *Place of Birth, (Street and Number)* S E
5. *Full Name of Mother,* Ellen Coo Cook Ellen Jones Gloucester
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Wesley Cook Colvert Cornwallis
8. *Full Name of Father,* Oysters Thuckman brick yard
9. *Father's Occupation,* an ny Johns 302 plumally
10. *Father's Birthplace,* Luisa Cook born peach 13 1822

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 12 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 16 December
4. *Place of Birth, (Street and Number)* 134 Hamburg St
5. *Full Name of Mother,* Sarah Gruelen
6. *Mother's Maiden Name,* Whitening
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Gruelen
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, 308 Cross St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6200

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 13th December
4. *Place of Birth, (Street and Number)* Warner St 186
5. *Full Name of Mother,* Mary E Wells
6. *Mother's Maiden Name,* Brawner
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* George Wells
9. *Father's Occupation,* Sinale
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return — E Wilson

Address, Cross St 368

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 60201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 9th

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*, Dec 13th 1882

4. *Place of Birth*, (*Street and Number*) No 29 Burke st

5. *Full Name of Mother* Katherina Kinnerking

6. *Mother's Maiden Name*, " Bodau

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Bernhard Kinnerking

9. *Father's Occupation*, Cooper

10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 20 Burke st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60202

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 — 13 Dec 55
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	13 Dec
4. *Place of Birth, (Street and Number)*	Pine st No 60
5. *Full Name of Mother,*	Annie Wennerman
6. *Mother's Maiden Name,*	" Wagner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harman Wennerman
9. *Father's Occupation,*	capinet maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Wm Dumble
Address,	60 Pine near St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* December 13th 1882.
4. *Place of Birth, (Street and Number)* 14 3/4 Low st
5. *Full Name of Mother,* Esther Feigmann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Hungary
8. *Full Name of Father.* Joseph Feigmann
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Hungary

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bansbein

Address, 113 E. Lombard st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60204

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Collord
3. *Date of Birth,* 13 of December
4. *Place of Birth, (Street and Number)* N 12 E Hill st
5. *Full Name of Mother,* Fanny A Johnson
6. *Mother's Maiden Name,* Fanny A Waters
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Perry W Johnson
9. *Father's Occupation,* grain runner
10. *Father's Birthplace,* Kent island

Name of Medical Attendant, or other Person who makes this Return Millie gross

Address, No 12 Plum Ally

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60205

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 20 2 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th the first child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 13 th
4. *Place of Birth, (Street and Number)* 44 Elbow Lane
5. *Full Name of Mother* Mary Elizabeth Dorsey
6. *Mother's Maiden Name* Mary Elizabeth Washington
7. *Mother's Birthplace* West River Md
8. *Full Name of Father* Charlie Dorsey
9. *Father's Occupation* Laboring man
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Rachel Dram

Address 322 Hamburg Street

Remarks

RETURN OF A BIRTH 60206

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1882 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 13 Dec. 1882
4. *Place of Birth,* (*Street and Number*) Balto Durham st No 201
5. *Full Name of Mother,* Mary Parish
6. *Mother's Maiden Name,* Mary Pletkora
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Parish
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Rapitsh

Address, 69 W. Washington

Remarks, Mary Rapitsh

C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, mid wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 15 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 13th 1882
4. *Place of Birth, (Street and Number)* 623 Light st
5. *Full Name of Mother* Mary Katzenberger
6. *Mother's Maiden Name* Mary Speigel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Katzenberger
9. *Father's Occupation* Tanner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hermann

Address 818 Byrd st

Remarks

RETURN OF A BIRTH 60208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Date 3 - 1882
4. *Place of Birth, (Street and Number)* No 374 E Chase St
5. *Full Name of Mother,* Mary M. Barth
6. *Mother's Maiden Name,* " " Heppercorn
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Herman H Barth
9. *Father's Occupation,* Stone-cutter
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Donegh St

Remarks,

DEC 19 1882

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. 1222 BOOKBINDERS AND STATIONERS

RETURN OF A BIRTH 60209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12th
4. Place of Birth, (Street and Number) Maternity Hosp. 161 W. Lombard.
5. Full Name of Mother, Martha A Travis
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return — Geo Thomas, Med

Address, 161 W Lombard. Maternity Hosp

Remarks, Child weighed 5 lbs
Easy labor for Primipara.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60210

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 13th 1882
4. *Place of Birth, (Street and Number)*	No. 60 Rowe St.
5. *Full Name of Mother,*	Mrs Mary Hopkins
6. *Mother's Maiden Name,*	Miss Mary Corrigan
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Samuel Hopkins
9. *Father's Occupation,*	House carpenter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel St [illegible]
Address,	No. 65 Burke St.
Remarks,	Child's name — Harry Edward

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEC 26 1882 BALTIMORE

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 13th 1882
4. Place of Birth (Street and Number)	210 N Broadway
5. Full Name of Mother	Anna Sunwalt Jones
6. Mother's Maiden Name	McKee
7. Mother's Birthplace	Balt
8. Full Name of Father	Alexander Franklin Jones
9. Father's Occupation	Packer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elias C Price M.D.
Address	262 Madison Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6212

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 21 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* DEC. 13th 1882
4. *Place of Birth (Street and Number)* 85 N. Chapel st.
5. *Full Name of Mother* Barbara Barnickel
6. *Mother's Maiden Name* Neubauer
7. *Mother's Birthplace* Hirschfeld Germany
8. *Full Name of Father* John Barnickel
9. *Father's Occupation*
10. *Father's Birthplace* Kahlbach Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Cullenberg

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 10213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Secon child Female

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 13
4. *Place of Birth, (Street and Number)* No 19 Contul Avnue
5. *Full Name of Mother,* ~~Camila Amby~~ Camila Bailey
6. *Mother's Maiden Name,* Camila Amby
7. *Mother's Birthplace,* Dorchester conty MD
8. *Full Name of Father,* Felix Bailey
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Kent ilon

Name of Medical Attendant, or other Person who makes this Return Jusen Morgan

Address, No 47 North Durham st

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec. 13, 1882
4. *Place of Birth (Street and Number)* 190 N. Arlington Ave.
5. *Full Name of Mother* Mrs Clara B. Robertson
6. *Mother's Maiden Name* Miss Clara B. Tabb
7. *Mother's Birthplace* Va
8. *Full Name of Father* Wm J. Robertson
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Wm Wickersham, M.D.

Address Arlington & Harlem

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 13 1882
4. *Place of Birth, (Street and Number)* #163 Madeira Alley
5. *Full Name of Mother,* Mary Zimmer
6. *Mother's Maiden Name,* Freewald
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Zimmer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 235 Canton

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 13th 1882
4. *Place of Birth, (Street and Number)* Cor Baker St & Baker Al
5. *Full Name of Mother,* Catherine Haughey
6. *Mother's Maiden Name,* Kaufman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Haughey
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Chas E Fadler MD

Address, 565 Druid Hill Ave

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60217

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th, Child of

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 13/82.
4. *Place of Birth, (Street and Number)* 180 Madison Av.
5. *Full Name of Mother* Catharine M. Carter
6. *Mother's Maiden Name* Murray
7. *Mother's Birthplace* Cumberland Md.
8. *Full Name of Father* James Carter
9. *Father's Occupation* Insurance Agent.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 205 W. Biddle St

Remarks Child weighs 12 lbs.

DEC 15 11 1882 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 10218

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 14 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 13 1892
4. *Place of Birth, (Street and Number)* 257 Hull Street
5. *Full Name of Mother* Harriet Cheney
6. *Mother's Maiden Name* Harriet Heath
7. *Mother's Birthplace* England
8. *Full Name of Father* Andrew A Cheney
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153

Address Lexington Avenue Baltimore Md

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 13th
4. *Place of Birth, (Street and Number)*	#1 State St
5. *Full Name of Mother,*	Mrs F. Fell
6. *Mother's Maiden Name,*	Kate Stapf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Fell
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Sarah Wooden
Address,	120 Greenmount Ave
Remarks,	

DEC 18 1852

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 13 1932

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	13 December
4. *Place of Birth, (Street and Number)*	60 N. Exeter street
5. *Full Name of Mother,*	Nora Bridget
6. *Mother's Maiden Name,*	Glavich
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Ridget
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Penalty of Fifty Dollars in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 14th 1882
4. *Place of Birth, (Street and Number)*	337 Hamburg St.
5. *Full Name of Mother,*	Rosa Kern
6. *Mother's Maiden Name,*	" Pensche
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Andrew Kern
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Kroh
Address,	328 South Eutaw St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 14th 1882
4. *Place of Birth, (Street and Number)* 172 Central Ave.
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Brown
9. *Father's Occupation,* Sea-man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 C. Lombard st.

Remarks,

DEC 20 1882

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Sixth

1. *Sex,* (*state whether male or female*) ~~Male~~ White
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Dec 14th 1882
4. *Place of Birth,* (*Street and Number*) 166 E Balt St (E. Baltimore St)
5. *Full Name of Mother,* Mary Rebecca Lake
6. *Mother's Maiden Name,* Mary Rebecca Thompson
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* John H Lake
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Balt Co

Name of Medical Attendant, or other Person who makes this Return — W. H. Council M.D.

Address, 162 South Charles St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 14th 1887
4. *Place of Birth, (Street and Number)* 212 Madison Ave
5. *Full Name of Mother,* Emma C. Morris
6. *Mother's Maiden Name,* " Gordon
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Christ L. Morris
9. *Father's Occupation,* Coach painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return D. C. Williams

Address, 201 Madison Ave

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

6225

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 14, 1882.
4. *Place of Birth, (Street and Number)* No 107 Penna. Ave.
5. *Full Name of Mother,* Parbery, Ludwick
6. *Mother's Maiden Name,* " " Remlin
7. *Mother's Birthplace,* Stonback
8. *Full Name of Father,* Louise Ludwick
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Burgan

Name of Medical Attendant, or other Person who makes this Return Anne Lindner

Address, No 45 S. Monroe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 14 December
4. *Place of Birth, (Street and Number)* 102 Monument St.
5. *Full Name of Mother,* Paulina Jakobson
6. *Mother's Maiden Name,* " Kahn
7. *Mother's Birthplace,* Prusia
8. *Full Name of Father,* Julius Jakobson
9. *Father's Occupation,* Second Handstore
10. *Father's Birthplace,* Prusia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Illig

Address, 48 Holland

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) first

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Dec. 14 1882
4. *Place of Birth,* (*Street and Number*) No 1. N Exeter
5. *Full Name of Mother:* Annie Cole
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* illegitimate
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return: Flora A. J. Brewster M.D.

Address, 255 N. Eutaw St. Baltimore.

Remarks, Child healthy.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60228

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 1

1. *Sex,* (*state whether male or female*) Girl
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 14th Dec. 1882
4. *Place of Birth,* (*Street and Number*) Balto. Bound No 254
5. *Full Name of Mother.* K. Tuchek
6. *Mother's Maiden Name.*
7. *Mother's Birthplace.* Bohemia
8. *Full Name of Father.* Jos. Tuchek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitch

Address, 69 N. Washington St

Remarks,

Mary Kopitch

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th Dec. 1882
4. *Place of Birth, (Street and Number)* Balto N. Chapel st No 127
5. *Full Name of Mother,* Emma Wacek
6. *Mother's Maiden Name,* S. Thichy
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* J. Wacek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roptish

Address, 69 N. Washington st

Remarks, Mary Roptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6023a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown, Skin
3. *Date of Birth,* Dec 14th ~~Chestnut st~~
4. *Place of Birth, (Street and Number)* Chestnut st ~~Lucy Kimbo~~
5. *Full Name of Mother,* Lucy Kimbo
6. *Mother's Maiden Name,* unknown
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Moses Kimbo
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Louisa Seaton

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 December 1892
4. *Place of Birth, (Street and Number)*	351 Eastern Av
5. *Full Name of Mother,*	Elizabeth Webb
6. *Mother's Maiden Name,*	Grob
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Webb
9. *Father's Occupation,*	Store Keeper
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park
Remarks,	

Under Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White 1882
3. *Date of Birth,* 14 of December
4. *Place of Birth, (Street and Number)* 49 Eric st
5. *Full Name of Mother,* Guily Beck
6. *Mother's Maiden Name,* hoff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John beck
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	ninth child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	december 14th
4. *Place of Birth, (Street and Number)*	no 4 china st
5. *Full Name of Mother,*	hanna tailor
6. *Mother's Maiden Name,*	hanna easter
7. *Mother's Birthplace,*	fairhaven
8. *Full Name of Father,*	jacob tailor
9. *Father's Occupation,*	labour acamack coun va
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	MRS Lydia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

Office Records of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 6023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 25 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 14th 1887
4. *Place of Birth, (Street and Number)*	383 Hamburg St
5. *Full Name of Mother,*	Virginia Bonner
6. *Mother's Maiden Name,*	Virginia Bonner
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	John A. Flashby
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	14 E Lanvale St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE. CITY.

DEC 26 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 14 1882
4. *Place of Birth, (Street and Number)* 184 Johnson St
5. *Full Name of Mother,* Maggie Baker
6. *Mother's Maiden Name,* Maggie Turpin
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Ernest Baker
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address, 146 Hanover St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

60 236

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 14/82
4. *Place of Birth, (Street and Number)* # 33 [illegible] Schroder
5. *Full Name of Mother,* Emma Veasel
6. *Mother's Maiden Name,* " Stane
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Geo. Veasel
9. *Father's Occupation,* Coffee Roaster
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spear Mdl

Address, 387 W. Lombard St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	14th Decr. 1882
4. *Place of Birth, (Street and Number)*	159 S. Charles st
5. *Full Name of Mother,*	Sophie Rose
6. *Mother's Maiden Name,*	Lewyt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph A Rose
9. *Father's Occupation,*	Cattle dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	H. W. Webster
Address,	57 Barnes
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14th Dec. 1882
4. *Place of Birth, (Street and Number)*	28 Conway St
5. *Full Name of Mother,*	Fanne Griffith
6. *Mother's Maiden Name,*	" Stevens
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Augustus Griffith
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace.*	Balt
Name of Medical Attendant, or other Person who makes this Return	H W Webster Md
Address,	57 Barnet
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second Child

1. Sex, (state whether male or female) Female
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, 14 dez.
4. Place of Birth, (Street and Number) 16 High street
5. Full Name of Mother, Karoline Muan
6. Mother's Maiden Name, Karoline Jansson
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Michtell Muan
9. Father's Occupation, Musicus
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return Sarah Cooper

Address, 72 E. Lombard street

Remarks, born lair daid four Minuts after

DEC 31 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60248

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec. 14th 1882
4. *Place of Birth, (Street and Number)*	640 N. Lombard St
5. *Full Name of Mother*	Elmira S. Duer
6. *Mother's Maiden Name*	Fitzhugh
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Rufus A. Duer
9. *Father's Occupation*	Mariner
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	N. W. Hannon & Barnes
Remarks	

RETURN OF A BIRTH 60241

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 16 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male ~~or female~~)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 14. 1882.
4. *Place of Birth, (Street and Number)* Comet St. No 19.
5. *Full Name of Mother,* Rosa Bradt.
6. *Mother's Maiden Name,* Rosa Lachenmeyer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Karl Bradt
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Brig. K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1 Dallas St. No 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60242

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 15 1 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 12.14.82.
4. *Place of Birth (Street and Number)* 38 Rock
5. *Full Name of Mother* Buna Vista McCarty
6. *Mother's Maiden Name* Cox
7. *Mother's Birthplace* Petersburg Va
8. *Full Name of Father* Jos. W. McCarty
9. *Father's Occupation* Engineer –
10. *Father's Birthplace* Balto –

Name of Medical Attendant, or other Person who makes this Return. Lewis McEastman

Address 349 Lect

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10243

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 15 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 14th 1882
4. Place of Birth (Street and Number)	Baltimore. Montgomery 21-302
5. Full Name of Mother	Emma. Chandler
6. Mother's Maiden Name	" Turlington
7. Mother's Birthplace	Accomac. County Va.
8. Full Name of Father	Frank. Chandler "
9. Father's Occupation	Laborer
10. Father's Birthplace	Accomac. County Va.
Name of Medical Attendant, or other Person who makes this Return.	Mrs " Elizabeth. Scarborough
Address	220. Montgomery St. Balto.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

10244

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex. (state whether male or female)*	Female
2. *Race or Color. (if not of the white race)*	
3. *Date of Birth,*	Dec 14 th 1882
4. *Place of Birth, (Street and Number)*	No. 28 Park av
5. *Full Name of Mother,*	Catharn Roeder
6. *Mother's Maiden Name,*	Velte
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Louis Roeder
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace.*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohnagger midwife
Address,	330 Hanover st
Remarks,	

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60245

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Dec 14 1882
4. *Place of Birth (Street and Number)*	Baltimore 109 Pierce st
5. *Full Name of Mother*	Francis Siddons
6. *Mother's Maiden Name*	Frances Caulk
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Lieut. L. Siddons
9. *Father's Occupation*	Florist
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Francis E. Caulk.
Address	109 Pierce st.
Remarks	She Said nothing

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second Child

1. *Sex, (state whether male or female)* Female.
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 14 Dey.
4. *Place of Birth, (Street and Number)* 116. South High St.
5. *Full Name of Mother,* Karoline ~~Mec.~~ Mohn
6. *Mother's Maiden Name,* Karoline Janssen
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Michael Mauan
9. *Father's Occupation,* Mucikus
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return Sarah Casper.

Address, 49. Somlard St.

Remarks, born lieve died afen Minuts after.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

60247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 16 1 1882 BALTIMORE

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether~~ male ~~or female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* December 14th 1882.
4. *Place of Birth (Street and Number)* Forrest Place, N of Chase St
5. *Full Name of Mother* Estelle White
6. *Mother's Maiden Name* Estelle McLeane.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* William G. White
9. *Father's Occupation* Salesman.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Wheeler Md.

Address 273. W Lexington St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 60548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 14th 1882
4. *Place of Birth, (Street and Number)*	636. Light st
5. *Full Name of Mother,*	Susan Hicklein
6. *Mother's Maiden Name,*	" Hill
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George L. Hicklein
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ed L. Buddenbohn M.D.
Address,	166. S. Pacca st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 60249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC
18
1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Femal
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Dec 14 — 1882
4. *Place of Birth (Street and Number)* No 658 South charles st
5. *Full Name of Mother* Mollie Dushane
6. *Mother's Maiden Name* Mollie Joiner
7. *Mother's Birthplace* North carolina
8. *Full Name of Father* Archer Dushane
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Balt city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6250

DEC 18 1922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 14th 1892
4. *Place of Birth (Street and Number)* No. 70 Orleans St
5. *Full Name of Mother* Emma Pinkett
6. *Mother's Maiden Name* Brooks
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Isaac Pinkett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sawyer M.D.

Address 105 N. Central Ave.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 60251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 18 1902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9.
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	14 December
4. *Place of Birth, (Street and Number)*	9 Hasza street.
5. *Full Name of Mother,*	Lizzie Debtgon
6. *Mother's Maiden Name,*	Cappennagel
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	William Debtgon
9. *Father's Occupation,*	Liquor dealer
10. *Father's Birthplace*	Europe
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 15th 1882

4. *Place of Birth, (Street and Number)* 55 N Bright St

5. *Full Name of Mother,* Sarah Smith

6. *Mother's Maiden Name,* Sarah Fay

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James F Smith

9. *Father's Occupation,* Helper in Boiler Shop

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Smith

Address, 55 N Bright St

Remarks, Sarah Fay & Mother

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 15th 1882
4. *Place of Birth, (Street and Number)* No 231 Caulton Ave
5. *Full Name of Mother,* Kate Kerr
6. *Mother's Maiden Name,* Searle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Kerr
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address, 120 Bank St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th December 1882
4. *Place of Birth, (Street and Number)*	27 Stonnet Street center
5. *Full Name of Mother,*	Hattie Reynolds
6. *Mother's Maiden Name,*	Hattie Johnson
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John W Reynolds
9. *Father's Occupation,*	Cannmakes
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullens
Address,	104 Curley Street center
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

6028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 27 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15th Dezember
4. *Place of Birth, (Street and Number)* Belair Avenue
5. *Full Name of Mother,* Augusta Frank Rohbock.
6. *Mother's Maiden Name,* Augusta Frank.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Carl Rohbock.
9. *Father's Occupation,* Bier Brewer.
10. *Father's Birthplace,* Sachsen Coburg Gotha Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

6056

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 30 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Dec 15th 1882
4. *Place of Birth (Street and Number)* # 124. E. Monument St
5. *Full Name of Mother* Mary Williams
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Frank Williams
9. *Father's Occupation* Cook
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Same J Belt M.D.

Address 134 N Exeter St

Remarks City

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

6 0257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 15th 1882
4. *Place of Birth, (Street and Number)* 91 Exeter st.
5. *Full Name of Mother,* R Katie White
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William White
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E. Lombard st,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15th December

4. *Place of Birth, (Street and Number)* 9 Calhoun st.

5. *Full Name of Mother,* Virginia Thomas

6. *Mother's Maiden Name,* Virginia Fredericks

7. *Mother's Birthplace,* Norfolk Va

8. *Full Name of Father,* Charles Thomas.

9. *Father's Occupation,* Tinner by trade

10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return Dr. J. Lennon

Address, 36 Frederick Avenue.

Remarks, Fine little baby

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 6019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th of December
4. *Place of Birth, (Street and Number)*	357 W. Pratt St
5. *Full Name of Mother,*	Anna Klingman
6. *Mother's Maiden Name,*	Anna Yackel
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry Klingman
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs. Schleicher
Address,	No 20 Columbia Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6026a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 15 1882
4. *Place of Birth, (Street and Number)* 36 Fountain St
5. *Full Name of Mother,* Annie Bernhardt
6. *Mother's Maiden Name,* Annie Scott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bernhardt
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C Fray

Address, 193 Chester

Remarks,

HEALTH DEPARTMENT DEC 20 1882 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th Dec. 1882
4. *Place of Birth, (Street and Number)* Rear, Duncan Alley No 14
5. *Full Name of Mother,* Mary Shimek
6. *Mother's Maiden Name,* Mary Loret
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Shimek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsh

Address, 69 N. Washington St

Remarks,

Mary Kopitsh

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM J C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60262

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Sixth
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 15th 1882
4. *Place of Birth (Street and Number)*	272 E. Eager str Balto Md.
5. *Full Name of Mother*	Delia Scherf
6. *Mother's Maiden Name*	Delia McLaughlin
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Charles F Scherf
9. *Father's Occupation*	Cigar Manufacturer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J Kate Lanahan
Address	376 McDonough
Remarks	Dwelling house

RETURN OF A BIRTH

19 60263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1882

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 15th 1882
4. *Place of Birth, (Street and Number)* 170 Bank Street
5. *Full Name of Mother,* Emma E. Leonhardt
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Leonhardt
9. *Father's Occupation,* Shipwright
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Rachel Lee Hall

Address, 172 Bank Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60264

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 15 th 1882
4. *Place of Birth, (Street and Number)*	No. 454 Light st
5. *Full Name of Mother*	Louise Ashemeier
6. *Mother's Maiden Name,*	Lampe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Ashemeier
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwasser / midwife
Address,	330 Hanover st
Remarks,	

DEC 1882

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

N OF A BIR

rar of Vital Statistics, Board of He

LTIMORE CITY.

, 2d, 3d, &c.) 3.

Maryland

e)

November 18.

r) Ashlandstr No 131

Kathe Wüstenhöfer

Kathe Debus

Germane

Daniel F. Wüstenhöfer

Varnicher

Germane

ant, or other Person who makes this Return Daniel F. Wüstenhöfer

Ashlandstreet Baltimore Md

Daniel F. Wüstenhöfer

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60266

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 15th 1882
4. *Place of Birth, (Street and Number)* 377 W. Lombard St.
5. *Full Name of Mother* Annie Turck,
6. *Mother's Maiden Name* Annie Carroll,
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Powder business Ile Witt Turck
9. *Father's Occupation* Hole Powder business
10. *Father's Birthplace* State of New York

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St.

Remarks

RETURN OF A BIRTH.

60267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 ? 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec 15th 1882
4. Place of Birth (Street and Number)	147 S Amar St
5. Full Name of Mother	Kate Wearz
6. Mother's Maiden Name	Coats
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles E Wearz
9. Father's Occupation	Car driver
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	M L Davenport
Address	194 Gough St
Remarks	Mother & Baby doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH, 60268

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 21 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Dec 15 1882
4. *Place of Birth, (Street and Number)* 146 boundary ave
5. *Full Name of Mother* hattie e bond
6. *Mother's Maiden Name* hattie e robberts
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* harry b bond
9. *Father's Occupation* commission merchant
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address Collington avenue

Remarks

RETURN OF A BIRTH 10269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December (15th) 1882
4. *Place of Birth, (Street and Number)* No. 229 Central Avenue (Cor. Gay St.)
5. *Full Name of Mother,* Mrs. Louisa F. Briggerman
6. *Mother's Maiden Name,* Mrs Louisa F. Smith
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr. Charles Briggerman
9. *Father's Occupation,* Carriage Painter
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendinen, M.D.

Address, No 102 N. Broadway

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December the 15, 1882.
4. *Place of Birth, (Street and Number)* E. Monument St. No 370
5. *Full Name of Mother,* Clara Thumsen
6. *Mother's Maiden Name,* Clara Geisel
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Georg Thumsen
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1271

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 15 1892

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	1 Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Birth
4. *Place of Birth, (Street and Number)*	22 Camden St
5. *Full Name of Mother,*	Mary Murray
6. *Mother's Maiden Name,*	Mary Flanigan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Murray
9. *Father's Occupation,*	Porter at Settin Store
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1882

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Dec 15th /82
4. *Place of Birth,* (*Street and Number*) St Vincents Infant Asylum
5. *Full Name of Mother,* Minnie G
6. *Mother's Maiden Name,* Minnie Graham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Sisters of Charity

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 15th. 1882
4. *Place of Birth, (Street and Number)*	No. Wolf St
5. *Full Name of Mother,*	Mary White
6. *Mother's Maiden Name,*	Mary Talbot
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John White
9. *Father's Occupation,*	City Garbage Cart.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Britt
Address,	No 185 S.E. cor. Central av. & Monument St.
Remarks,	All Well

JAN 3 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 0274

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 3 1883

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 15th. 1882.
4. *Place of Birth, (Street and Number)*	No 2 Webster Aly.
5. *Full Name of Mother,*	Margretha Hogan
6. *Mother's Maiden Name,*	Margretha Calver
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Silvester Hogan
9. *Father's Occupation,*	Stone Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A Butt
Address,	No 185 S.E. cor Central av. & Monument St
Remarks,	All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 15th 1882
4. *Place of Birth, (Street and Number)* No 1 Ross st
5. *Full Name of Mother,* Mary Rebecca Hughes
6. *Mother's Maiden Name,* Mary Rebecca Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James M. Hughes
9. *Father's Occupation,* Caterer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin M. D.

Address, 124 n. Exeter st

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

b0276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 3 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Fifth.
1. *Sex*, (*state whether* ~~male or~~ *female*)	Female.
2. *Race or Color*, (*if not of the white race*)	White.
3. *Date of Birth*,	Dec. 15th, 1882
4. *Place of Birth*, (*Street and Number*)	3 So. Caroline St.
5. *Full Name of Mother*,	Eva Price
6. *Mother's Maiden Name*,	Eva Buckman
7. *Mother's Birthplace*,	Baltimore.
8. *Full Name of Father*,	Chas Price
9. *Father's Occupation*,	Teamster
10. *Father's Birthplace*,	Austria
Name of Medical Attendant, or other Person who makes this Return	George H. Rohé, M.D.
Address,	95 Park Ave
Remarks,	

Health Regulations of the Board of Health of the City of Baltimore.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 15th 82
4. *Place of Birth, (Street and Number)* 16 Dolphin St
5. *Full Name of Mother,* Lizzie Breitenbach
6. *Mother's Maiden Name,* " Henninger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Rudolph Breitenbach
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Annie Meserzehl (Midwife)

Address, 345 Penna Avenue

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 18 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Twins Both Male and Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8 oclock PM Friday Dec 18th 1882
4. Place of Birth (Street and Number) 22 Binnie St
5. Full Name of Mother Berta Hassa
6. Mother's Maiden Name Berta Batzwalla
7. Mother's Birthplace Germany
8. Full Name of Father George Hassa
9. Father's Occupation Laboror
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J E Prichard MD

Address 28 O Donnell St

Remarks Shoulder and arm presentation in 10th Cases required turning A Midwife was employed she becom alarm and sent for me. the first child the ma[illegible] suffered greatly I think [illegible]

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 17th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 15th 1882
4. Place of Birth, (Street and Number) 211 Alice Ann Street.
5. Full Name of Mother, Lizzie Seibel.
6. Mother's Maiden Name, Lizzie Loechel.
7. Mother's Birthplace, America.
8. Full Name of Father, George Seibel.
9. Father's Occupation, Stevadore.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 131 South Wolfe Street

Remarks, N

Exercise Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6080

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 15th " 1882
4. Place of Birth (Street and Number)	Baltimore Charles st 160
5. Full Name of Mother	Charlotte Crowly
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm " Crowly
9. Father's Occupation	Harness Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs " Elizabeth Scarborough
Address	220 Montgomery St Balt
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 18 1882 BALTIMORE

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	9th Child
1. *Sex,* (*state whether male or female*)	Boy.
2. *Race or Color,* (*if not of the white race*)	White.
3. *Date of Birth,*	15th of Dezember 1882.
4. *Place of Birth,* (*Street and Number*)	543 East Fayette Street.
5. *Full Name of Mother,*	Mary Carehofe.
6. *Mother's Maiden Name,*	Mary Kanne.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	James D. Kanne.
9. *Father's Occupation,*	Police.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Crescintia Kunkel.
Address,	77 North Chappel st. per Justina Kunkel
Remarks,	Healthy.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

0012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec ~~15th~~ 1882
4. *Place of Birth, (Street and Number)*	26 Orchard st
5. *Full Name of Mother,*	Julia Woods
6. *Mother's Maiden Name,*	Archer
7. *Mother's Birthplace,*	B
8. *Full Name of Father.*	Edw Woods
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Z
Name of Medical Attendant, or other Person who makes this Return	Dr L Winslow
Address,	201 W Biddle st
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60283

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1882

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Decbr 15th 1882
4. *Place of Birth (Street and Number)* 247. S. [illegible]
5. *Full Name of Mother* Dorothea Teves
6. *Mother's Maiden Name* Dorothea [illegible]
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Teves
9. *Father's Occupation* Minister
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 86 S. Fayette

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

60284

HEALTH DEPARTMENT DEC 18 1882 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Dec 15 1882

4. Place of Birth (Street and Number) Gay St 328

5. Full Name of Mother Elisse Minger

6. Mother's Maiden Name do Pallacust

7. Mother's Birthplace Baltimore

8. Full Name of Father William Minger

9. Father's Occupation Broom Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address J E Shultz

Remarks 211 Aisquith

RETURN OF A BIRTH 60285

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 18 1902

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 4

1. *Sex*, (*state whether male or female*) Male
2. *Race or ~~Color~~*, (*if not of the white race*)
3. *Date of Birth*, 15 December
4. *Place of Birth*, (*Street and Number*) 103 N. Chesnut street
5. *Full Name of Mother*, Bridget Colns
6. *Mother's Maiden Name*, Magdonen
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, John Colns
9. *Father's Occupation*, Laboarer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6 of 16

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 16th
4. *Place of Birth, (Street and Number)*	914 John St
5. *Full Name of Mother,*	Elizabeth C. Markell
6. *Mother's Maiden Name,*	" Harris
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Markell
9. *Father's Occupation,*	Office Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Reggie Buckler
Address,	135 N Charles St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Coulard
3. *Date of Birth,* December 16th 1882
4. *Place of Birth, (Street and Number)* No 27 Gorge St. Alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sally Ware
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Sarah Smothers

Address, No 35 Gorge St. Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 16 december
4. *Place of Birth, (Street and Number)* Hennerettet St 2004
5. *Full Name of Mother,* Mary Wright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Kent Island Md
8. *Full Name of Father,* unknown
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Sarah Ann Brown

Address, Eutaw St 292

Remarks,

DEC 20 1902

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

to 0289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16. December
4. *Place of Birth, (Street and Number)*	116 Paca street
5. *Full Name of Mother,*	Emma. Kapp
6. *Mother's Maiden Name,*	Emma Airey
7. *Mother's Birthplace,* Baltimore city.	Conrad, George. Kapp
8. *Full Name of Father,*	Paperhanger & upholster
9. *Father's Occupation,*	Frederick county md
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	Mrs Cumber.
Address,	60 Schroeder st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth, (5th)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	December 16th 1882.,
4. *Place of Birth, (Street and Number)*	No 41. Barnes, Ste,
5. *Full Name of Mother,*	Barbara Charvašek
6. *Mother's Maiden Name,*	Chaloun
7. *Mother's Birthplace,*	Milisko Bohemia,
8. *Full Name of Father,*	Joseph Charvašek
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace*	Belitov Bohemia,
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20, Barnes, Ste,
Remarks,	

DEC 30 1882

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6029/

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 30 1882

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Firsth (1.th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	December 16th 1882,
4. *Place of Birth, (Street and Number)*	No 34. Barnes Str.
5. *Full Name of Mother,*	Barbora Hruby.
6. *Mother's Maiden Name,*	Kucera
7. *Mother's Birthplace,*	Tritez Bohemia
8. *Full Name of Father,*	Adolf Hruby
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace.*	Tedoly Bohemia,
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	no 20. Barnes. Str,
Remarks,	

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* December 16 1892
4. *Place of Birth, (Street and Number)* 269 Mcdonogha st
5. *Full Name of Mother,* Rachel White
6. *Mother's Maiden Name,* Rachel Hearman
7. *Mother's Birthplace,* Balto Maryland
8. *Full Name of Father,* Charles H White
9. *Father's Occupation,* undertaker
10. *Father's Birthplace,* Balto Maryland

Name of Medical Attendant, or other Person who makes this Return Lencinder wolford

Address, 130 Register st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60293

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Dec. 16. 1882.
4. *Place of Birth, (Street and Number)* No 17 Eutings St. Balt. Md.
5. *Full Name of Mother,* Isadore Roberts.
6. *Mother's Maiden Name,* Isadore Clark
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Peter Roberts.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Nast

Address, 107 Johnson St. Balt. Md.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 25 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Dec 16. 1882.
4. *Place of Birth, (Street and Number)* 25 Randall St. Balt. Md.
5. *Full Name of Mother,* L. Sykes
6. *Mother's Maiden Name,* L. Hutton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sykes
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Nash.

Address, 157 Johnson St. Balt Md.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

60295

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 20 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 16th 1892
4. *Place of Birth (Street and Number)* 16 Druid Hill ave.
5. *Full Name of Mother* Jinnie Hill
6. *Mother's Maiden Name* Jinnie Cooper
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Thos Hill
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Clinging M. D.

Address #152½ N. Eutaw St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2 c d.
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	December 16th. 1882
4. *Place of Birth*, (*Street and Number*)	No. 117 Biddle St.
5. *Full Name of Mother*	M. Müller
6. *Mother's Maiden Name*,	M. Hoffstadter
7. *Mother's Birthplace*,	Baltimore County
8. *Full Name of Father*,	John Müller
9. *Father's Occupation*,	Barr Tender
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Blatt
Address,	No 185 S.E. cor Central av. & Monument St.
Remarks,	All Well

H. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60297

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16 - 1882
4. *Place of Birth, (Street and Number)* 52 President St.
5. *Full Name of Mother,* Elizabeth Doty
6. *Mother's Maiden Name,* Spengel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nicolaus Doty
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — Mary Stein

Address, 151 E Pratt St.

Remarks,

Extract from Regulations of the Board of Health of the City of Baltimore.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4 Birth
1. *Sex*, (*state whether male or female*)	Girl
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	16 December
4. *Place of Birth*, (*Street and Number*)	Wolf Street No. 130.
5. *Full Name of Mother*,	Emma Becker
6. *Mother's Maiden Name*,	" " Heim
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Friederich Becker
9. *Father's Occupation*,	Kaufmann
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Jos. Bauer
Address,	Lombard Street No 278.
Remarks,	

JAN 10 1883

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday Dec. 16th. 1883
4. *Place of Birth, (Street and Number)*	68 Greenmont Ave.
5. *Full Name of Mother,*	Isabella Dickie.
6. *Mother's Maiden Name,*	" Allmyer.
7. *Mother's Birthplace,*	Danville. N.Y.
8. *Full Name of Father,*	Leonard Dickie
9. *Father's Occupation,*	Blacksmith.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Preston
Address,	25½ Greenmont Ave.
Remarks,	V.P.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 60300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 16th 1882
4. Place of Birth (Street and Number) Baltimore city Chester St No 60
5. Full Name of Mother Matilda Brown back
6. Mother's Maiden Name Matilda Maxwell
7. Mother's Birthplace Be city Md
8. Full Name of Father Walton Brown back
9. Father's Occupation Moulder
10. Father's Birthplace Penn

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address 194 Gough St

Remarks Mother & babe doing Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 60301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 16th
4. *Place of Birth, (Street and Number)*	No 460 Hartford ave
5. *Full Name of Mother,*	Barbra Bender
6. *Mother's Maiden Name,*	Barbra Myers
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Christer Bender
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Jane E. Bayless
Address,	No 386 Hartford ave
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-6-56

RETURN OF A BIRTH, 10302

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 19 1882 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

William Edward Watkins 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 16/82
4. *Place of Birth, (Street and Number)* 116 N. Eoppleton
5. *Full Name of Mother* Helen Isadore Watkins
6. *Mother's Maiden Name* Wiegman
7. *Mother's Birthplace* Balto. City Md.
8. *Full Name of Father* Thomas Edward Watkins
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. City Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Eutaw

Remarks

RETURN OF A BIRTH 60303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 22 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown complexion
3. Date of Birth, December 16th 1882
4. Place of Birth, (Street and Number) 4 Hamilton St
5. Full Name of Mother, Mary Frazier
6. Mother's Maiden Name, Clark
7. Mother's Birthplace, Rappahannock Va
8. Full Name of Father, James Frazier
9. Father's Occupation, Waiter
10. Father's Birthplace, Easternshore Md

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 4 Hamilton St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60304

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 21 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 16.
4. *Place of Birth, (Street and Number)* baltimore, Druid, Hill ave. no 16
5. *Full Name of Mother,* Jinnie Hill
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* mount guney county md
8. *Full Name of Father,* George Hill
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* mount guney county md

Name of Medical Attendant, or other Person who makes this Return. Doc J Gilliss

Address, Eaton st baltimore

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 60305

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 21
1882
BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd birth 7th & 8th Children
1. *Sex (state whether male or female)* Males & Twins
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Dec 16 1882
4. *Place of Birth, (Street and Number)* 117 N 6th St
5. *Full Name of Mother* Catharine M. Effinger
6. *Mother's Maiden Name* " " Meehan
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Henry J. Effinger
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 52 Augusta St

Remarks

RETURN OF A BIRTH

60306

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 16 1892

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16
4. *Place of Birth, (Street and Number)* Harlem Ave near Mount
5. *Full Name of Mother,* Mattie Turner
6. *Mother's Maiden Name,* Harbert
7. *Mother's Birthplace,* Cecil Co
8. *Full Name of Father,* J Berry Turner
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt Co.

Name of Medical Attendant, or other Person who makes this Return. H M Watson

Address, 201 Mad. Ave.

Remarks, Instrumental Assistance

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 10307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1882

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 4th Child

1. *Sex,* (*state whether male or female*) Girl.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* 16th of December 1882.
4. *Place of Birth,* (*Street and Number*) 86 North Wolf street
5. *Full Name of Mother,* Kate Wiesman.
6. *Mother's Maiden Name,* Kate Meister.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Ernst Meister.
9. *Father's Occupation,* Carpenate maker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Cresintia Kunkel.

Address, 71 North Exeter Chappel st per Justina Kunkel

Remarks, Healthy.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 18 1882
BALTIMORE, MD.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 16th 1882
4. *Place of Birth, (Street and Number)* 21 Willow St
5. *Full Name of Mother,* Ellen ~~Eagan~~ Coy
6. *Mother's Maiden Name,* Ellen Eagan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Coy
9. *Father's Occupation,* Porter in Store
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Patrick Coy (Father)

Address, 21 Willow St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 18 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 December
4. *Place of Birth, (Street and Number)* 77 N. Exeter street
5. *Full Name of Mother,* Mary Rosenstein
6. *Mother's Maiden Name,* Massalinlipo
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Simon Rosenstein
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2*d*, 3*d*, &c.) First

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Dec 17th 1892

4. *Place of Birth,* (*Street and Number*) 15 East Place

5. *Full Name of Mother,* Annie Davis

6. *Mother's Maiden Name,* Annie Kleffman

7. *Mother's Birthplace,* York Pa.

8. *Full Name of Father,* George Davis

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* York Pa

Name of Medical Attendant, or other Person who makes this Return Silas N Hamler MD

Address, 31 Greenmount Ave

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

60311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Minnie Elizabeth Diehl

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 2

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Dec 17th 1882
4. *Place of Birth,* (*Street and Number*) no 92 Essex ave
5. *Full Name of Mother* Eliza Diehl
6. *Mother's Maiden Name,* " Meister
7. *Mother's Birthplace,* City
8. *Full Name of Father.* Henry Diehl
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address, 120 Bank st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60312

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 27 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth (12)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 17 – 82
4. *Place of Birth, (Street and Number)* No 150 Chew St
5. *Full Name of Mother,* Thresia Hintenoch
6. *Mother's Maiden Name,* Thresia Wedenterner
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* Geo. Hintenoch
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 27 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 17, 1882
4. *Place of Birth, (Street and Number)*	42 S Green St
5. *Full Name of Mother,*	Hannah Katzenberger
6. *Mother's Maiden Name,*	Hannah Bernie
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Mayer Katzenberger
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	A R Arnold MD
Address,	
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 17: 1882
4. *Place of Birth, (Street and Number)* 80 Oak st
5. *Full Name of Mother,* Mamie Chesebrough
6. *Mother's Maiden Name,* " Kalkman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry C Chesebrough
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address, 201 Madison Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 17th 1882
4. *Place of Birth, (Street and Number)*	#104 Greenmount Ave
5. *Full Name of Mother,*	Lizzie Lowenstein
6. *Mother's Maiden Name,*	" Brental
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles Lowenstein
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dena Hillegeist
Address,	#182 E. Monument St.
Remarks,	

"Every person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 2 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* 3 Males
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11th 1882
4. *Place of Birth, (Street and Number)* 45 Caine st
5. *Full Name of Mother,* Virginia Jefferson
6. *Mother's Maiden Name,* Virginia Lee
7. *Mother's Birthplace,* Alexandria D C
8. *Full Name of Father,* William Jefferson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Alexandria D C

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, 192 Hutt st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 10317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, 17 December
4. *Place of Birth*, (*Street and Number*) 73 Enon St.
5. *Full Name of Mother* Jennie Schmitt
6. *Mother's Maiden Name*, " Sorg
7. *Mother's Birthplace*, Bayern
8. *Full Name of Father*, George Schmitt
9. *Father's Occupation*, Sewing machine agent
10. *Father's Birthplace*, Bavern

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Illig

Address, 18 Holland St.

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60318

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 17 day of december
4. *Place of Birth, (Street and Number)* Baltimore city 186 South Howard st
5. *Full Name of Mother,* Mary E Parsons
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Milly Gross No 12 Plum ally

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 17th 1882
4. *Place of Birth, (Street and Number)*	No. 243 Baltimore av.
5. *Full Name of Mother,*	Mary Wentzel Koch
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Wentzel
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	America
Name of Medical Attendant, or other Person who makes this Return	A. Johnauer midwife
Address,	330 Hanover St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 17th. 1. a m.
4. *Place of Birth, (Street and Number)*	No 6 N. Shroder st
5. *Full Name of Mother,*	Honora Dwyer
6. *Mother's Maiden Name,*	Honora Henly.
7. *Mother's Birthplace,*	Liverpool. England
8. *Full Name of Father,*	James Dwyer.
9. *Father's Occupation,*	Mechanic.
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return	A. A Lastin M D
Address,	
Remarks,	Instrumental Delivery

O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 19 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	December 17th 1882
4. Place of Birth, (Street and Number)	# 16 Elbow Lane.
5. Full Name of Mother,	Levenia Pollock
6. Mother's Maiden Name,	Levenia Pollock.
7. Mother's Birthplace,	Eastern Shore. Marylands
8. Full Name of Father,	Thomas Anderson
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Washington D.C
Name of Medical Attendant, or other Person who makes this Return	Ks. Ks. Goodman M.D.
Address,	# 93 Columbia Ave.
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 22 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 of December
4. Place of Birth, (Street and Number) No 297 Cross St
5. Full Name of Mother, Maggie Krieg
6. Mother's Maiden Name, Maggie Cohen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Krieg
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Griesheber

Address, No 128 West St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 17th 1882
4. *Place of Birth, (Street and Number)*	No 46 Valley St.
5. *Full Name of Mother,*	Mary E. Bathow
6. *Mother's Maiden Name,*	Mary E. Wingrove
7. *Mother's Birthplace,*	Richmon Virginia
8. *Full Name of Father,*	Joseph J. Bathow
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No. 185. S.E. cor. Central av. & Monument st.
Remarks,	All Well

JAN 3 1883

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60324

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.)	2 - Birth
1. *Sex,* (*state whether male or female*)	Girl
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	17 December
4. *Place of Birth,* (*Street and Number*)	Kastel Street No 130.
5. *Full Name of Mother,*	Mari Somer
6. *Mother's Maiden Name,*	" " Bachmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Somer
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Schweberieth Baiern.
Name of Medical Attendant, or other Person who makes this Return	
Address,	Mrs. Maurer
Remarks,	Lobard Street No 228.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

0 0325

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 5 1883

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 Dec 1882
4. *Place of Birth, (Street and Number)* 226 Washington Street Baltimore
5. *Full Name of Mother,* Emilie Schmidt
6. *Mother's Maiden Name,* Emilie Zehner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Schmidt
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Timms

Address, Chester Street near Patapsco av

Remarks, Baltimore

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

60326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 23 1882 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17th 1882
4. *Place of Birth, (Street and Number)* No. 79 N. Amer St
5. *Full Name of Mother,* Minnie Winkler
6. *Mother's Maiden Name,* " " Grover
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Winkler
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Getz Ke

Address, No. 55 S Bond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	december 14th
4. *Place of Birth, (Street and Number)*	no82 chase
5. *Full Name of Mother,*	jane. carventer
6. *Mother's Maiden Name,*	jane Brown
7. *Mother's Birthplace,*	calvert county
8. *Full Name of Father,*	elias carventer
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	mrs Lydia Porter
Address,	no 4 patps co avenue
Remarks,	healthy child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

60328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 20 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth December 17
4. Place of Birth (Street and Number) 14 N. Liberty
5. Full Name of Mother Emily
6. Mother's Maiden Name Gluck
7. Mother's Birthplace Balto.
8. Full Name of Father Edward Meister
9. Father's Occupation Instrument Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D. Hettorawitz MD

Address 137 Wtayette St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 21 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Dec. 17th 1892
4. *Place of Birth, (Street and Number)* 24 Hull St.
5. *Full Name of Mother,* Lulu Berkmeier
6. *Mother's Maiden Name,* Lulu Wright
7. *Mother's Birthplace,* Bald.
8. *Full Name of Father,* Fred. P. Berkmeier
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bald.

Name of Medical Attendant, or other Person who makes this Return G. L. Wilkins

Address, 77 S. Broadway

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61330

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Dec 17th 1882
4. *Place of Birth, (Street and Number)*	21 Hanover st
5. *Full Name of Mother*	Ann E. Butler
6. *Mother's Maiden Name*	Carr
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Wm Isaiah Butler
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	R. G. Ijr
Address	Hanover & Barre Sts
Remarks	

RETURN OF A BIRTH 10331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18 of December
4. *Place of Birth, (Street and Number)* 4 S. Carlton St
5. *Full Name of Mother,* Jane Davis
6. *Mother's Maiden Name,* Jane Daly
7. *Mother's Birthplace,* Anaundel County
8. *Full Name of Father,* Peter Davis
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return Mrs Willie Blake

Address, 53 Carlton St

Remarks, Healthy

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 13 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 18th 1882.
4. *Place of Birth, (Street and Number)*	#303 W. Biddle St.
5. *Full Name of Mother,*	Christina Henschel
6. *Mother's Maiden Name,*	" Reinhardt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Henschel
9. *Father's Occupation,*	Lager Beer Saloon
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dona Hillegeist
Address,	#182 E. Monument St.
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Seventh~~ Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 18 - 82
4. Place of Birth, (Street and Number) No 214 N Eden St
5. Full Name of Mother, Sarah J Clark
6. Mother's Maiden Name, " " Ringrose
7. Mother's Birthplace, Balto
8. Full Name of Father, James F Clark
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, [illegible] McDonogh st

Remarks,

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Colored Male Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 18th 1882
4. *Place of Birth, (Street and Number)* 31 Durham Street
5. *Full Name of Mother,* Caroline Moore
6. *Mother's Maiden Name,* Caroline Jackson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Matthew Moore
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Leah Walker

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60335

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 18 1882
4. *Place of Birth, (Street and Number)*	287 South Eutaw St.
5. *Full Name of Mother,*	Mary Kewon
6. *Mother's Maiden Name,*	" Bowke
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michael Kewon
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mary Kewon
Address,	328 South Eutaw St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

60536

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 29 1892

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Dec 18th
4. Place of Birth (Street and Number) 196 N Broadway
5. Full Name of Mother Sarah J Kirby
6. Mother's Maiden Name Sarah J Henry
7. Mother's Birthplace Talbot Co Md
8. Full Name of Father Thomas H Kirby
9. Father's Occupation Plasterer
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Mary E Price

Address 84 N Caroline St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 16th 1882. ~~#405 Corner Pratt & Penn St.~~
4. *Place of Birth, (Street and Number)* #405 Corner Pratt & Penn St.
5. *Full Name of Mother,* Louisa Ellermann
6. *Mother's Maiden Name,* " Sundermann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Ellermann
9. *Father's Occupation,* Store
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dina Hillegeist

Address, #182 E. Monument St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

60338

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 18th/82
4. *Place of Birth, (Street and Number)*	90 N. Charles St
5. *Full Name of Mother,*	Laura V. Wright
6. *Mother's Maiden Name,*	Laura V. Granger
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Jacob Wright
9. *Father's Occupation,*	Cigar Dealer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	F. Lentlin
Address,	No. 2. Cathedral St
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 00329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 18th 1912

4. Place of Birth, (Street and Number) Maternite Hosp - 161 W Lombard

5. Full Name of Mother Ada Robinson

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Ohio

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return Ed Thomas M.D.

Address, Maternite Hosp - 161 W. Lombard St

Remarks, Res - Physician

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2 cd.
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	December 18th. 1882
4. *Place of Birth,* (*Street and Number*)	No. E. B Prato St.
5. *Full Name of Mother,*	Clara Scheller
6. *Mother's Maiden Name,*	Clara Ehrhardt.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Emil Scheller
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No 185 S.E. cor. Centre av. & Monument St.
Remarks,	All Well

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

f 0341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 18th 82

4. Place of Birth, (Street and Number) 33 Chatsworth St

5. Full Name of Mother, Carrie Wise

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Thomas Wise

9. Father's Occupation, Bar Keeper

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Annie Meeuwsohl (Mid)

Address, 346 Penna Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* — Female —
2. *Race or Color (if not of the white race)* — White —
3. *Date of Birth* Dec — 18th 1882 —
4. *Place of Birth (Street and Number)* 32 N. Paca St.
5. *Full Name of Mother* Nettie Schaab
6. *Mother's Maiden Name* " Hulshoff —
7. *Mother's Birthplace* Oldenburg Germany —
8. *Full Name of Father* Frs. A. Schaab
9. *Father's Occupation* Salesman
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. W. A. B. Sellman M.D.

Address Carrollton Ave & Laurel St. —

Remarks

60343

RETURN OF A BIRTH

11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born Dec. 18. 1882

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colorde
3. *Date of Birth,* Born Dece 18. 1882
4. *Place of Birth, (Street and Number)* Dorsudhill Ave 106
5. *Full Name of Mother,* Albertbil Cornings
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore C. C.
8. *Full Name of Father,* Charlie Butler
9. *Father's Occupation,* hard carier
10. *Father's Birthplace,* Baltimore C. C.

Name of Medical Attendant, or other Person who makes this Return Lucy Cornish

Address, Jordan Ally 12

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60-314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 22 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12nd 18th Dec 82
4. *Place of Birth (Street and Number)* 193 E. Monument St
5. *Full Name of Mother* Josephine Holland Plummer
6. *Mother's Maiden Name* Josephine Holland
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Geo W Plummer
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace* Tyrone Penn'a

Name of Medical Attendant, or other Person who makes this Return. Irving Mitchell MD

Address 179 Eutaw

Remarks

RETURN OF A BIRTH 10345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4th

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) Colored

3. *Date of Birth*, Dec 18th 1882

4. *Place of Birth*, (*Street and Number*) 4. Forrest St

5. *Full Name of Mother*, Georgianna Stokes

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*, Balto Md

8. *Full Name of Father*,

9. *Father's Occupation*,

10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, 5. Forrest St

Remarks,

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh Child
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 18th 1882.
4. *Place of Birth, (Street and Number)*	935 N. Baltimore St.
5. *Full Name of Mother,*	Henrietta A. Friederich
6. *Mother's Maiden Name,*	Henrietta A. Naas
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis C. Friederich
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace.*	Darmstadt - Hessen.
Name of Medical Attendant, or other Person who makes this Return	Barbara Kniß Hebamm
Address,	No 28. N. Linn Street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 18.
4. *Place of Birth, (Street and Number)*	189 Saratoga St.
5. *Full Name of Mother,*	Lucy Jane Aidt
6. *Mother's Maiden Name,*	" " Murry
7. *Mother's Birthplace,*	Brooklyn.
8. *Full Name of Father,*	Gustav F Aidt
9. *Father's Occupation,*	Shoe Dealer
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Dr Morgan
Address,	119 N. Monument St
Remarks,	

RECEIVED DEC 21 1900 REGISTRAR OF VITAL STATISTICS BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

60348

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~3d, &c.~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* December 18th 1892.
4. *Place of Birth (Street and Number)* 314 Mulberry St.
5. *Full Name of Mother* Sarah C. Green,
6. *Mother's Maiden Name* Sarah C. Curtis,
7. *Mother's Birthplace* Baltimore County, Md.
8. *Full Name of Father* John Green
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Kroger, M.D.

Address 273 W Lexington St

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 10349

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 21 1882 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Dec 18 1882
4. *Place of Birth, (Street and Number)* 234 Forrest St
5. *Full Name of Mother* Harriet Ann Tully
6. *Mother's Maiden Name* " " Knight
7. *Mother's Birthplace* Harford Co Md
8. *Full Name of Father* Alfred H. Tully
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Edward McDevitt

Address 57 Augusta St

Remarks

60351

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 19th 1882
4. Place of Birth (Street and Number) 79 E. Biddle
5. Full Name of Mother Sarah E. Smith
6. Mother's Maiden Name " E. Neal
7. Mother's Birthplace Md
8. Full Name of Father Charles E Smith
9. Father's Occupation Bricklayer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Geo B. Reynolds

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 6031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 19th 1882
4. *Place of Birth, (Street and Number)*	Cor Eden & Gay Sts
5. *Full Name of Mother,*	Ella L. Shingard
6. *Mother's Maiden Name,*	" " Kessler
7. *Mother's Birthplace,*	Georgia
8. *Full Name of Father,*	George W Shingard
9. *Father's Occupation,*	Glove Dealer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Regina A Winter
Address,	188 Hanford Ave
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

10352

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

DEC 29 1882 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Joseph Edward Gilmore 2nd Ch,

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race)

3. *Date of Birth* Dec, 19th 1882

4. *Place of Birth* (Street and Number) No 68 S, Wolfe St,

5. *Full Name of Mother* Emma J. Gilmore

6. *Mother's Maiden Name* Emma J. Smith

7. *Mother's Birthplace* Lancaster County Pennsylvania

8. *Full Name of Father* Joseph C, Gilmore

9. *Father's Occupation* Mariner

10. *Father's Birthplace* Cecil County Maryland

Name of Medical Attendant, or other Person who makes this Return. A. J. Ford M.D.

Address 169 Bank St,

Remarks

Notice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 60363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* 19th of December
4. *Place of Birth, (Street and Number)* 118 Linden ave
5. *Full Name of Mother,* Rosalia Caulfield
6. *Mother's Maiden Name,* " Hamilton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Caulfield
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Charleston South Carolina

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 369 Cathedral St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60324

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 19th 1882
4. *Place of Birth, (Street and Number)* 115 Conway st
5. *Full Name of Mother,* Sophia Fohr
6. *Mother's Maiden Name,* " Hemkeiser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Fohr
9. *Father's Occupation,* Sash Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbohm M.D.

Address, 166 S. Paca st.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60315

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 19th, 1882.
4. *Place of Birth, (Street and Number)*	#260 N. Front St.
5. *Full Name of Mother,*	Anna Finn
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	~~Maryland~~ Baltimore Md
8. *Full Name of Father,*	Michael Finn
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Anna Dillegeist
Address,	#182 E. Monument St.
Remarks,	

A. & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 19th 1882.
4. *Place of Birth, (Street and Number)*	#3 Mt. Royal Ave. Balto. County
5. *Full Name of Mother,*	Sophia Parker.
6. *Mother's Maiden Name,*	" Jones.
7. *Mother's Birthplace,*	Baltimore County
8. *Full Name of Father,*	John Parker
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dena Hillegeist
Address,	#182 E. Monument St.
Remarks,	

W. & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White 1882
3. *Date of Birth,* 19 of December
4. *Place of Birth, (Street and Number)* 133 Orelien st
5. *Full Name of Mother,* Baltimore Lizzie weinkam
6. *Mother's Maiden Name,* Lizzie Mher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Weinkamp
9. *Father's Occupation,* Salvo
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10358

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 22 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Female 1882
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th December
4. *Place of Birth, (Street and Number)*	344 Gliccanor st
5. *Full Name of Mother,*	Mary Wiese
6. *Mother's Maiden Name,*	M Rabe
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Wiese
9. *Father's Occupation,*	Tobackness
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park Av
Remarks,	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

over 60359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 23 1882

Name of Child: Joseph Herbert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 19 of Dec
4. *Place of Birth, (Street and Number)* No 126 Stirling, St
5. *Full Name of Mother,* Anne Schreifer
6. *Mother's Maiden Name,* Not Marit
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilt Wiessel
9. *Father's Occupation,* Labir
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Cristina Lauer

Remarks, 177 Hafer ev 1882

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6036a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 19 th 1882
4. *Place of Birth, (Street and Number)*	No. 250 Light st.
5. *Full Name of Mother,*	Meta Martz
6. *Mother's Maiden Name,*	Wielie
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Edward Martz
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	J. Lohwasser midwife
Address,	No. 330 Hanover st.
Remarks,	

...ARY & CO., CITY PRINTERS AND STATIONERS

...the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60361

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 21 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec 19 1892
4. *Place of Birth (Street and Number)* 102 N. Durham st
5. *Full Name of Mother* William Smith
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Dorchester
8. *Full Name of Father* Jesse Compton
9. *Father's Occupation* Lot Carter
10. *Father's Birthplace* Dorchester

Name of Medical Attendant, or other Person who makes this Return. Francis Anderson

Address No 20 Decatur st

Remarks

RETURN OF A BIRTH

11362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 21 1892

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Dec 19th 1892.
4. *Place of Birth, (Street and Number)* Impasse Court # 1
5. *Full Name of Mother,* Rebecca Watkins
6. *Mother's Maiden Name,* Garnish
7. *Mother's Birthplace,* Georgetown, Kent Co.
8. *Full Name of Father,* George Watkins
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return A. M. Bell M.D.

Address, S. W. Cor. Lee & Sharp Sts City

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 21 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December (19th) 1882
4. *Place of Birth, (Street and Number)* No. 223 Chew Street
5. *Full Name of Mother,* Mrs. Sussie M. Brownley
6. *Mother's Maiden Name,* Miss Sussie M. Powell
7. *Mother's Birthplace,* Carroll County, Md.
8. *Full Name of Father,* Mr. Wm Allen Brownley
9. *Father's Occupation,* Sail Maker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Wm H Clendenen M.D.

Address, No. 102 N. Broadway

Remarks,

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20: 82
4. *Place of Birth, (Street and Number)* S.E. Cor Saratoga & Poppleton Sts
5. *Full Name of Mother,* Amelia Gugel
6. *Mother's Maiden Name,* " Ruhle
7. *Mother's Birthplace,* Balto Co. Maryland
8. *Full Name of Father,* George Gugel
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Thomas Opie M.D.

Address, 39 N Carey St

Remarks,

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~26 December~~ 26 December 1862
4. Place of Birth, (Street and Number) 24 E. Hoffman
5. Full Name of Mother, Sarah Morrow
6. Mother's Maiden Name, Sarah Lanister
7. Mother's Birthplace, Virginia
8. Full Name of Father, Geo. William Morrow
9. Father's Occupation, Life Insurance Agent
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return J. Kelly M.D.

Address, 168 Hanover St

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 20th 82
4. *Place of Birth, (Street and Number)*	#50 Penna Ave
5. *Full Name of Mother,*	Annie Riedel
6. *Mother's Maiden Name,*	" Ficke
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Peter Riedel
9. *Father's Occupation,*	Shoe Fitter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Annie Mosenzehl (Mid)
Address,	345 Penna Avenue
Remarks,	

...ANY & CO., CITY PRINTERS AND STATIONERS

...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 60367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	December 20/92
4. *Place of Birth*, (*Street and Number*)	176 Gough St
5. *Full Name of Mother*,	Maggie Benzel
6. *Mother's Maiden Name*,	Lemke
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John Benzel
9. *Father's Occupation*,	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 20th 1882.
4. *Place of Birth, (Street and Number)* No 170 S. Bond st
5. *Full Name of Mother,* Rosa Hoffmeister
6. *Mother's Maiden Name,* " Gagel
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Charles Hoffmeister
9. *Father's Occupation,* Letter carrier
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 21 1892
4. *Place of Birth, (Street and Number)*	No 24 Hamburg St
5. *Full Name of Mother,*	Ellen Perkins
6. *Mother's Maiden Name,*	Ellen Mitchel
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	James Perkins
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return	Lucindia Northop
Address,	1308 Register St
Remarks,	

DEC 23 1892

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 fifth Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	20 of December
4. *Place of Birth, (Street and Number)*	61 Luzerne Street
5. *Full Name of Mother,*	Bridget McKay
6. *Mother's Maiden Name,*	Bridget Higgins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George McKay
9. *Father's Occupation,*	Heater
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary L Swaye
Address,	57 Luzerne
Remarks,	

And it is the duty of any child, within the city of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. DIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 3 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 20th 1882
4. *Place of Birth, (Street and Number)* Cor Eutaw & Fremont Sts
5. *Full Name of Mother,* Emma Knickman
6. *Mother's Maiden Name,* Wolf
7. *Mother's Birthplace,* Gotha, Germany
8. *Full Name of Father,* Ely Knickman
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Korb

Address, 32 Fourth Eutaw St

Remarks,

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60372

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 30 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 20th 1882
4. *Place of Birth, (Street and Number)* 22 Barrough St
5. *Full Name of Mother* Mary E Meads
6. *Mother's Maiden Name* M E McCoy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Meads
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address 442 First Ave

Remarks Mother and Child doing well

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 20th 1882
4. *Place of Birth, (Street and Number)* 74½ Harrison st.
5. *Full Name of Mother,* Anna Jacobs
6. *Mother's Maiden Name,* " Levin
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Jacobs
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,

Nurses at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing

60373-60656,

incl.

RETURN OF A BIRTH 6657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Returns of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 1st 1857
4. *Place of Birth, (Street and Number)*	19 Temple St
5. *Full Name of Mother,*	Eliza Gilliard
6. *Mother's Maiden Name,*	Eliza Gilliard
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	2 S. Paca St
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 1, 1883
4. *Place of Birth, (Street and Number)* S. Register St. No 70.
5. *Full Name of Mother,* Susanna Fritz
6. *Mother's Maiden Name,* Susanna Heil
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Conrad Fritz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 16 Dallas St. No 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 3 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January the 1, 1883.
4. *Place of Birth*, (*Street and Number*) S. Bond St. No 23
5. *Full Name of Mother*, Alice Pahl.
6. *Mother's Maiden Name*, Alice Murray
7. *Mother's Birthplace*, Brooklin L. I. New York.
8. *Full Name of Father*, Frederick Pahl.
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, S. Collar St. No 26

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 2nd 1883.

JAN 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1st 1883.
4. *Place of Birth, (Street and Number)* 130 Ann Street
5. *Full Name of Mother* Louisa Kirchmann
6. *Mother's Maiden Name,* Louisa Reimann
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Kirchmann
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Arnold

Address, 137 South Wolfe Street

Remarks, 11th

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Duty of Registrar of Vital Statistics in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 1st 1883
4. *Place of Birth, (Street and Number)* 109 S Chester
5. *Full Name of Mother,* ~~Axel~~ Alexeaner Pritchett
6. *Mother's Maiden Name,* Alexeaner Wingate
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* George Mothersell Pritchett
9. *Father's Occupation,* Commission business
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return E Leo Walls

Address, 41 N Bond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

60662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	January 7th
4. *Place of Birth, (Street and Number)*	72 Hargrove Alley
5. *Full Name of Mother,*	Harriet Ann Perkins
6. *Mother's Maiden Name,*	Harriet Ann Henry
7. *Mother's Birthplace,*	Baltimore MD
8. *Full Name of Father,*	Charles Henry Perkins
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Sarah Pennington
Address,	94 Jasper St
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60663

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 January
4. *Place of Birth, (Street and Number)* 245 Central Avenue
5. *Full Name of Mother,* Lizie Balzer
6. *Mother's Maiden Name,* Lizie Renz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Balzer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Cora Walker

Address, 239 E. Eager Street.

Remarks,

J. C. BUCHANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60664

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 5 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 1/93

4. *Place of Birth, (Street and Number)* 155 Fairfield

5. *Full Name of Mother,* Mary A. Smith

6. *Mother's Maiden Name,* Mary A. Armstrong

7. *Mother's Birthplace,* Balto,

8. *Full Name of Father,* Saml Smith

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. R. W. Marshall M.D.

Address, 117 Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIST, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60665

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth Child 4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 1st 1883
4. *Place of Birth, (Street and Number)*	Wyatt St. corner 47.
5. *Full Name of Mother,*	Barrie Ottenger
6. *Mother's Maiden Name,*	Petz
7. *Mother's Birthplace,*	G. Herz Wittenberg
8. *Full Name of Father,*	Charles Ottenger
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	G. Herzog. Wittenberg
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Kroh
Address,	corner 323 S. Eutaw St.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60666

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 16 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Jan 7th
4. *Place of Birth (Street and Number)* 7 Chestnut & St
5. *Full Name of Mother* mary Watkins
6. *Mother's Maiden Name* mary carter
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* Dal Watkins
9. *Father's Occupation* Labor
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address Miss anna Goff

Remarks no 190 chestnut st

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60667

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1st 1883
4. *Place of Birth, (Street and Number)* Cor of Hanover & Hamilton sts
5. *Full Name of Mother,* Mary E. Wolf
6. *Mother's Maiden Name,* Mary E. Neubert
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Louis Wolf
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return F. K. Wiley M.D.

Address, 15 E. Hanover St

Remarks,

J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 1st 1883
4. Place of Birth, (Street and Number)	112 Burgundy st
5. Full Name of Mother,	Dorothea Braeuklein
6. Mother's Maiden Name,	" Grimpe
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Albert Braeuklein
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Buddenbohn M.D.
Address,	166 S. Paca st.
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	January 1st 1893
4. *Place of Birth*, (*Street and Number*)	43 S. Guilmore st
5. *Full Name of Mother*	Rebecka Reed
6. *Mother's Maiden Name*,	Childs
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Elias Reed
9. *Father's Occupation*,	Carpenter
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	C. L. Buddenbohn M.D.
Address,	166 S. Paca st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	5th
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	January 12th 1883.
4. *Place of Birth,* (*Street and Number*)	No. 121 E. Biddle St.
5. *Full Name of Mother,*	Lidkie Zink
6. *Mother's Maiden Name,*	Lidkie Otto.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Zink
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	M. A. Burt
Address,	No. 185 E. E. cor. Central av. & Monument St.
Remarks,	All Well.

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 21 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* January 1st. 1883
4. *Place of Birth, (Street and Number)* No. 128. Jefferson St.
5. *Full Name of Mother,* B. Emmealia
6. *Mother's Maiden Name,* B. Foster
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Emmealia
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S. E. cor. Central av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

0672

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 2 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 1st 1893
4. Place of Birth (Street and Number)	#123 N Fulton Ave
5. Full Name of Mother	Annie Spurgeon
6. Mother's Maiden Name	Annie Hammond
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Spurgeon
9. Father's Occupation	Clerk
10. Father's Birthplace	Ohio
Name of Medical Attendant, or other Person who makes this Return.	F. Field M.D.
Address	No 507 W Fayette
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60675

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* Black.
3. *Date of Birth* Jan. 1st 1883.
4. *Place of Birth (Street and Number)* #26 New Church.
5. *Full Name of Mother* Jennie Brown.
6. *Mother's Maiden Name* Jennie Brown.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* — Unknown.
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. James Brown M.D.

Address #110 N. Eutaw St.

Remarks Baltimore

Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 1st
4. *Place of Birth, (Street and Number)* Eastern av 360
5. *Full Name of Mother,* Catharine Leonard
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Leonard
9. *Father's Occupation,* days laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return A. S. Warner M.D.

Address, 516 Bank St.

Remarks, ——

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

60675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 1st 1883
4. *Place of Birth (Street and Number)* 118 St Peter St
5. *Full Name of Mother* Sarah M. Carson
6. *Mother's Maiden Name* Sarah M Henry
7. *Mother's Birthplace* Dorchester Co
8. *Full Name of Father* George M Carson
9. *Father's Occupation* Late Custom House Inspector
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 343 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, January 1st 1883.

4. Place of Birth, (Street and Number) 172 Scott St.

5. Full Name of Mother, Laura S. Wheeler -

6. Mother's Maiden Name, " " Linthicum

7. Mother's Birthplace, Dorchester Co. Md.

8. Full Name of Father, Harry B. Wheeler

9. Father's Occupation, Agent.

10. Father's Birthplace. Balto. City.

Name of Medical Attendant, or other Person who makes this Return R. J. H. Tall. M.D.

Address, 152 Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

00677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Bessie M. Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 1 / 03
4. Place of Birth, (Street and Number) 112 Myrtle ave
5. Full Name of Mother, Elizabeth E. Miller
6. Mother's Maiden Name, Elizabeth E. Ray
7. Mother's Birthplace, Md
8. Full Name of Father, John A. Miller
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. H. Miller MD

Address, 188 Franklin

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. ENGLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1st 1883
4. *Place of Birth, (Street and Number)*	#9 Fell St
5. *Full Name of Mother,*	Jennie Corcto
6. *Mother's Maiden Name,*	Plesi
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Louis Corcto
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Italy
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Eastern Ave
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

60679

Jany 5 1883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

(state whether Male or Female) Male

ce or Color (if not of the white race) Colored

te of Birth January th 1

ce of Birth (Street and Number) P 134 S Eutaw St

l Name of Mother Birtener ~~Smi~~ Smith

ther's Maiden Name Birtener Smith

ther's Birthplace Baltimore Md

l Name of Father Unknown

her's Occupation ~~ex~~

her's Birthplace

me of Medical Attendant, or other Person who makes this Return. Leg Rp Sher

dress

narks

60680

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd. (1st [illegible])

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Jany. 1st 1883
4. *Place of Birth, (Street and Number)* 306 Bank
5. *Full Name of Mother,* Sarah E. Welch
6. *Mother's Maiden Name,* Sarah E. Berlin
7. *Mother's Birthplace,* Hanover Pa.
8. *Full Name of Father,* Wm. H. Welch.
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return G. L. Wilson

Address, 77 So. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60681

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 9 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 12 1883
4. *Place of Birth, (Street and Number)* 79 Chestnut St
5. *Full Name of Mother* Alice L. E. Jolly
6. *Mother's Maiden Name* " " " Nicholls
7. *Mother's Birthplace* Cambridge Dorchester Co. Md
8. *Full Name of Father* George Washington Jolly Jr
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDowell

Address 5 Y Aisquith St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 9 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 1st 1883
4. *Place of Birth, (Street and Number)* 94 East St.
5. *Full Name of Mother* Jennie Carter
6. *Mother's Maiden Name* " Shepard
7. *Mother's Birthplace* Hartford Co. Md
8. *Full Name of Father* Daniel Carter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address 54 Aisquith St

Remarks

RETURN OF A BIRTH

60683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Male
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 1 January
4. *Place of Birth, (Street and Number)* 493 E. Fayette street
5. *Full Name of Mother,* Louisa Johnson
6. *Mother's Maiden Name,* Ringstaff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Johnson
9. *Father's Occupation,* Confectionery
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

606824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 1st 1883
4. *Place of Birth, (Street and Number)*	54 Sharp St
5. *Full Name of Mother,*	Cecile Collell
6. *Mother's Maiden Name,*	Cecile Lejeune
7. *Mother's Birthplace,*	Paris France
8. *Full Name of Father,*	Edward D Collell
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A M Dodge M. D.
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60685

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1th 1883
4. Place of Birth, (Street and Number) No 3 Winter Street
5. Full Name of Mother, Paulina Flack
6. Mother's Maiden Name, Paulina Roos
7. Mother's Birthplace, Germania
8. Full Name of Father, Henry E. Flack
9. Father's Occupation, Butcher
10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return Rath Münch

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60686

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 5 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* January 1st
4. *Place of Birth, (Street and Number)* No 331 N Howard St
5. *Full Name of Mother,* Mrs Susan Garrett
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Mr John W Garrett
9. *Father's Occupation,* Braman
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other Person who makes this Return Mrs Lucie Cornish

Address, No 413 Jordan alley

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January (1st) First
4. *Place of Birth, (Street and Number)* No. 914 North Wolfe St.
5. *Full Name of Mother,* Mrs. Cornelia M. Monath
6. *Mother's Maiden Name,* Miss C. M. Hahn
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Mr. Fredrick Monath
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Dr. H. Clendinen M.D.

Address, 1010 N Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 60688

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* (~~if not of the~~ white ~~race~~)
3. *Date of Birth* 2 Jany. 1883
4. *Place of Birth* (Street and Number) 37 S. Wolfe st
5. *Full Name of Mother* Emma Jane Grover
6. *Mother's Maiden Name* " " Young
7. *Mother's Birthplace* ———
8. *Full Name of Father* John H. ~~Grover~~ Grover
9. *Father's Occupation* Laborer
10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. B. F. Lennard M.D.

Address 314 E. Balt. St.

Remarks

RETURN OF A BIRTH 60689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 3 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 2nd 1883
4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum
5. *Full Name of Mother.*
6. *Mother's Maiden Name,* Mary Lewis
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Sister of charity

Address,

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

over

6690

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st CARRIE MAY O'KEEFE

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) —
3. Date of Birth 1 Mo 2d da 1883
4. Place of Birth (Street and Number) 67 E Madison
5. Full Name of Mother Violet O'Keefe
6. Mother's Maiden Name " ~~Thompson~~ THOMAS
7. Mother's Birthplace Balto
8. Full Name of Father William J O'Keefe
9. Father's Occupation Wood Turner
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Irving Miller MD

Address 179 E. Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

b 0691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 17 1893

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	6th Child
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	January 2d 1893
4. *Place of Birth*, (*Street and Number*)	Goose St cor no 303.
5. *Full Name of Mother*	Chatrine Tarkel
6. *Mother's Maiden Name*,	" Koch
7. *Mother's Birthplace*,	Hessen Darmstadt.
8. *Full Name of Father*,	Georg Tarkel
9. *Father's Occupation*,	Schomacher
10. *Father's Birthplace*.	Ber Hessen
Name of Medical Attendant, or other Person who makes this Return	Mrs Barre Voss
Address,	cor no 328 S. Eutaw St.
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1896 60692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1933

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 2th 1883
4. *Place of Birth, (Street and Number)*	Sherry St cor No 61.
5. *Full Name of Mother,*	Doris Zöller
6. *Mother's Maiden Name,*	Press
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Philipp Zöller
9. *Father's Occupation,*	Brick Layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Brohl
Address,	328 S Eutaw St.
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2d, 1863
4. *Place of Birth, (Street and Number)*	No 52½ Druid Hill Avenue
5. *Full Name of Mother,*	Mrs. Maria Louisa Koch
6. *Mother's Maiden Name,*	Miss Mc. L. Puckett
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father.*	Mr. Frederick Wm. Koch
9. *Father's Occupation,*	Bookseller
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other Person who makes this Return	Wm. H. Claudius M.D.
Address,	No 102 N. Broadway
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60694

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	3rd
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	January 2d 1883.
4. *Place of Birth*, (*Street and Number*)	No. 489 E. Monument St.
5. *Full Name of Mother*,	Mary A. Thews
6. *Mother's Maiden Name*,	Mary A. Mackenzie
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Hary Thews
9. *Father's Occupation*,	Cigarmaker
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	M. A. Burt.
Address,	No. 185 S. E. cor. Central av. & Monument St.
Remarks,	M. C. Well.

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 14 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 2 of January
4. *Place of Birth, (Street and Number)* Warner St 196
5. *Full Name of Mother,* Emily A Boyer
6. *Mother's Maiden Name,* Dixon
7. *Mother's Birthplace,* Kent Island
8. *Full Name of Father,* John T Boyer
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Chester Town

Name of Medical Attendant, or other Person who makes this Return A. Wilson

Address, 1105 St 368

Remarks,

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60696

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* 1
3. *Date of Birth* Aug 2nd 183
4. *Place of Birth (Street and Number)* S. Pleasant m
5. *Full Name of Mother* Mary Ellen Callahan
6. *Mother's Maiden Name* Mary Ellen Horigan
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Jeremiah Callahan
9. *Father's Occupation* Laborer (Lord Packer)
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth M.D.

Address S. W. Calvert & Read m.

Remarks

RETURN OF A BIRTH 60697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) born Jan. 2 and 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2 ond
4. *Place of Birth, (Street and Number)* No, 20. May St.
5. *Full Name of Mother,* Annie Dressel
6. *Mother's Maiden Name,* Annie Klein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Dressel
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Lowerbrn Weiß Hebamme

Address, No 28. N Smithfield

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 2 / 83
4. *Place of Birth, (Street and Number)* 363 Penna Ave
5. *Full Name of Mother,* Elizabeth Cook
6. *Mother's Maiden Name,* Elizabeth Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Cook
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. G. Keller M.D.

Address, 188 Franklin

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60699

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	january 2nd
4. *Place of Birth, (Street and Number)*	no 242 hughes st
5. *Full Name of Mother,*	cathrine miller
6. *Mother's Maiden Name,*	catherine Lewis
7. *Mother's Birthplace,*	pennsylvania
8. *Full Name of Father,*	edward miller
9. *Father's Occupation,*	labour
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other Person who makes this Return	mrs Idia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 2nd
4. Place of Birth, (Street and Number) No. 304 North Howard st
5. Full Name of Mother, Caroline Wilms
6. Mother's Maiden Name, Carling & De Kiare
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrich Wilms
9. Father's Occupation, Wagon Keeper
10. Father's Birthplace. Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No. 20 Gurley st.

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	A Fourth.
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan 2nd 1883.
4. *Place of Birth*, (*Street and Number*)	No 408 Exeter St.
5. *Full Name of Mother*,	Isabella Hay.
6. *Mother's Maiden Name*,	Isabella ~~Herrod~~
7. *Mother's Birthplace*,	Baltimore City
8. *Full Name of Father*,	Joseph. Hay
9. *Father's Occupation*,	Salesman
10. *Father's Birthplace*.	Baltimore city.
Name of Medical Attendant, or other Person who makes this Return	Mrs Eliza Flemming
Address,	No 93 Albemarle St.
Remarks,	(Lady)

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 9 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2, 1883
4. *Place of Birth, (Street and Number)* Cookes St
5. *Full Name of Mother,* Annie Irey Greig
6. *Mother's Maiden Name,* Annie Jonson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* James Greig
9. *Father's Occupation,* Boating
10. *Father's Birthplace,* York State

Name of Medical Attendant, or other Person who makes this Return Marcie Ellis

Address, No 13 Cubia Street

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Birth
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Weit
3. *Date of Birth,*	2 Januar
4. *Place of Birth, (Street and Number)*	Ellet Street N 99
5. *Full Name of Mother,*	Mari Baumne
6. *Mother's Maiden Name,*	" " Grieser
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Lohard Baumer
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	
Address,	Mrs Maures
Remarks,	Lombard Street est N 288

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RETURN OF A BIRTH 60704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 10 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5 Birth
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Weit
3. *Date of Birth,*	2 Januar Caton Ave No 300
4. *Place of Birth, (Street and Number)*	Anna F Steigerwald
5. *Full Name of Mother,*	" " Sies
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	John Steigerwald
8. *Full Name of Father,*	
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	Mrs. Maurer
Address,	
Remarks,	Lobard Street 228.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6 of 05

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	5th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	2 January
4. *Place of Birth*, (*Street and Number*)	89 Eastern Avenue
5. *Full Name of Mother*,	Katie Grossie
6. *Mother's Maiden Name*,	Capernagel
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	John Grossie
9. *Father's Occupation*,	Resturant
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2 1883
4. *Place of Birth, (Street and Number)* 406 Eastern Av
5. *Full Name of Mother,* Maggie Brave
6. *Mother's Maiden Name,* Mag White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joe Brave
9. *Father's Occupation,* Engin Nice
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C Tray

Address, 193 Chester St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 2nd of January
4. *Place of Birth,* (*Street and Number*) 144 Battery Avenue
5. *Full Name of Mother,* Destamonia Gent
6. *Mother's Maiden Name,* " Piney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Columbus Gent
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Celestine Conoway

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* ~~1st, 2d~~, 3d, &c.) 3rd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 2nd January
4. *Place of Birth,* (*Street and Number*) 284 Montgomery St.
5. *Full Name of Mother,* Frederike Stroebel
6. *Mother's Maiden Name,* " Palm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. C. Stroebel
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Ruth Münch

Address, 1 Lexington Hall St

Remarks, None

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) first

1. *Sex,* (*state whether male or female*) Boys
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* Jan. 3rd 11
4. *Place of Birth,* (*Street and Number*) Goodman street No. 113
5. *Full Name of Mother,* Matilda ~~Vetter~~ Hartlein
6. *Mother's Maiden Name,* Matilda Vetter
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Henry Hartlein
9. *Father's Occupation,* Laborar
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return Mrs. Sabina Greisharber

Address, No. 128 West Street

Remarks, Lived 10 minutes

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

60710

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 3d
4. *Place of Birth, (Street and Number)*	250 W Lomb St
5. *Full Name of Mother,*	Hannah Strauss
6. *Mother's Maiden Name,*	Hannah Selz
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Abraham Strauss
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	2 Cathedral St
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

60711

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jany 3rd 1883
4. *Place of Birth, (Street and Number)* Maternite Hosp.
5. *Full Name of Mother,* Maria Berry (Col.)
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* "Mary" land
8. *Full Name of Father,* Harry Harbaugh
9. *Father's Occupation,* Clerk
10. *Father's Birthplace.* Penna

Name of Medical Attendant, or other Person who makes this Return W. Lewis Elmer Dr. McIntosh Res Phy

Address, 161 - W. Lombard St. Ass't Res. Phys.

Remarks, Mother came in off street in labor and the child was born before she could be undressed.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Jany 2nd 1883
4. *Place of Birth, (Street and Number)*	Maternité Hosp.
5. *Full Name of Mother,*	Victoria Brown (Col.)
6. *Mother's Maiden Name.*	" "
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Smith
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace.*	
Name of Medical Attendant, or other Person who makes this Return	W. Lewis Elmer D. McCullough Res. P.
Address,	161 W. Lombard St. Asst Res. Phys.
Remarks,	Normal case - easy labor -

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 7th 1883
4. *Place of Birth, (Street and Number)*	292 Hanover St
5. *Full Name of Mother,*	Agnes E. Smyth
6. *Mother's Maiden Name,*	Agnes E. Farrar
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Geo. A. Smyth
9. *Father's Occupation,*	Coal Painter
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	140 Hanover St
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 3th of January 1883
4. *Place of Birth, (Street and Number)* Orleans street No. 255
5. *Full Name of Mother,* Ella Wilson
6. *Mother's Maiden Name,* Ella Harrison
7. *Mother's Birthplace,* Norfolk Va.
8. *Full Name of Father,* John H. Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore M.D

Name of Medical Attendant, or other Person who makes this Return Lear. Warker

Address, Duncan Allie No. 15

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

607/51

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 31 1883
4. *Place of Birth, (Street and Number)*	117 S. Castle St
5. *Full Name of Mother,*	Anna Bockley
6. *Mother's Maiden Name,*	McCourtey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Bockley
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafft
Address,	236 Canton Ave
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 3rd 1883
4. *Place of Birth, (Street and Number)*	#296 W. Pratt St
5. *Full Name of Mother,*	Barbara Hild
6. *Mother's Maiden Name,*	Jacobere
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Hild
9. *Father's Occupation,*	Fruitpacker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafft
Address,	23 E Eaton Ave
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 6

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, January 3rd 1883
4. *Place of Birth*, (*Street and Number*) No. 19 Mulliken St.
5. *Full Name of Mother*, Eliza Jane Kanish
6. *Mother's Maiden Name*, Eliza Jane Wilson
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Kanish
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return M. F. Butt

Address, No 185 S. E. cor. Central av. & Monument st.

Remarks, All well

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 5 1883

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state ~~whether Male or~~ Female)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth January 3. 1883
4. Place of Birth (Street and Number) No 24 Morris Ally
5. Full Name of Mother Miss Mary E. Gilpin
6. Mother's Maiden Name the Same
7. Mother's Birthplace Richmon V. A
8. Full Name of Father Dont Know ~~now~~
9. Father's Occupation Dont Know
10. Father's Birthplace Dont Know and Whont tell

Name of Medical Attendant, or other Person who makes this Return.

Address No. 36 Louis St Pwbreek Md

Remarks non

Baltimore Md

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 3d 1883
4. *Place of Birth, (Street and Number)*	34 S. Schroder St.
5. *Full Name of Mother,*	Ida May Simpson
6. *Mother's Maiden Name,*	Almond
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Jesse S. Simpson
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other Person who makes this Return	J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Wilson
Address,	
Remarks,	

JAN 5 1883

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 50720

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name- Arthur Walton Beever

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan. 3rd 1883.
4. *Place of Birth, (Street and Number)* 258 N. Wolfe St.
5. *Full Name of Mother,* Mary (Beaver) Beever
6. *Mother's Maiden Name,* Peregoy.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Wm. T. (Beaver) Beever
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. John H. White, M.D.

Address, 342 N. Broadway.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60721

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 January
4. *Place of Birth, (Street and Number)* 11 Lloyd Street
5. *Full Name of Mother* Mena Barloff
6. *Mother's Maiden Name,* Preis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie Barloff
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3th January 1883
4. *Place of Birth, (Street and Number)* Cambric Street. 31.
5. *Full Name of Mother,* Johanna Geary.
6. *Mother's Maiden Name,* Mc. Downey.
7. *Mother's Birthplace,* Irland.
8. *Full Name of Father,* ~~Father~~ Michle Geary
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace* Irland.

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley. 12 Patterson Park

Address,

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st —

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 3rd 1883
4. *Place of Birth, (Street and Number)* Cor Cross & Russell Sts
5. *Full Name of Mother,* Mary Brude
6. *Mother's Maiden Name,* Mary Albright
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Brude
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return B F Phillips M.D.

Address, 327 W Lombard St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60724

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4th Child

1. *Sex,* (*state whether male or female*) mail
2. *Race or Color,* (*if not of the white race*) Colord Child
3. *Date of Birth,* Jen. the. 4th. 1883
4. *Place of Birth,* (*Street and Number*) S 7. Jenkins. alley, Balto.
5. *Full Name of Mother,* Sarrah washington
6. *Mother's Maiden Name,* Sarrah blackson
7. *Mother's Birthplace,* annapliss, Md.
8. *Full Name of Father,* george washington
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* forkquear, co. va.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 6 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd + 4th Child (Twins

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 4th
4. *Place of Birth, (Street and Number)* 337 East Ave.
5. *Full Name of Mother,* Mary Jane Swift
6. *Mother's Maiden Name,* " Keith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Luke Swift
9. *Father's Occupation,* Feed Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. B. W. Mansfield M.D.

Address, 117 O'Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60726

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 16 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 17 - 1893

4. *Place of Birth, (Street and Number)* No 156 E. Pratt St

5. *Full Name of Mother,* Lucy E. Norris

6. *Mother's Maiden Name,* Lucy E. Krimely

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* Sydney M. Norris

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Allwell

Address, 286 Mt Donough st

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10727

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 4 1883
4. *Place of Birth, (Street and Number)* Pratt street N 758
5. *Full Name of Mother,* Mary E gurber
6. *Mother's Maiden Name,* Mary E quin
7. *Mother's Birthplace,* Inland
8. *Full Name of Father,* John E gurber
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, 792 Pratt st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 16 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of January
4. *Place of Birth, (Street and Number)* No 41 Louis Ann St. (Eastern)
5. *Full Name of Mother,* Annie Hohenstein
6. *Mother's Maiden Name,* = Heid.
7. *Mother's Birthplace,* Cumberland
8. *Full Name of Father,* Wilhelm Hohenstein
9. *Father's Occupation,* Coal Business
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. Behnken

Address, 54 Essex St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60729

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jany 4th 1883
4. *Place of Birth, (Street and Number)* 87 Camden St
5. *Full Name of Mother,* Josephine Tewen
6. *Mother's Maiden Name,* " Weishoff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jos. Tewen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J C Burch M D

Address, 151 Hanover St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 4, 83
4. *Place of Birth, (Street and Number)* Fremont Av. 91
5. *Full Name of Mother,* Wilhelmine Kohler
6. *Mother's Maiden Name,* Unknown
7. *Mother's Birthplace,* Wittenberg
8. *Full Name of Father,* Johann Kohler
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Holland

Name of Medical Attendant, or other Person who makes this Return Mr. Johanny Baubach

Address, South Wolfstr No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B child

1. *Sex, (state whether male or female)* female child
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 4 of January, 1883
4. *Place of Birth, (Street and Number)* Stricker St Court
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sarah Evans
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Elick Frelan
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 7 Watson St City

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60752

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4 1883
4. *Place of Birth, (Street and Number)*	# 262 Eastern Ave
5. *Full Name of Mother,*	Minna Burger
6. *Mother's Maiden Name,*	Adling
7. *Mother's Birthplace,*	Boston
8. *Full Name of Father,*	Karl Burger
9. *Father's Occupation,*	Operator
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Knapp
Address,	220 Eastern Ave
Remarks.	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4th) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1883
4. *Place of Birth, (Street and Number)* 112 Townsend Street
5. *Full Name of Mother,* Mary Clara Cole
6. *Mother's Maiden Name,* Mary Clara Miller
7. *Mother's Birthplace,* Baltimore City Maryland
8. *Full Name of Father,* Lycurgus Cole
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Howard County Md

Name of Medical Attendant, or other Person who makes this Return J. C. Hummer M.D.

Address, 260 N Carey St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Jan. 4 1883
4. *Place of Birth, (Street and Number)* 274 Pratt st
5. *Full Name of Mother* mary a townsend
6. *Mother's Maiden Name* mary a bunnell
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* robt s townsend
9. *Father's Occupation* blacksmith
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary conroe 183

Address Collington ave

Remarks

RETURN OF A BIRTH 60735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, January 4th 1883

4. Place of Birth, (Street and Number) No 132 S Haun St

5. Full Name of Mother, Barbara Sauer

6. Mother's Maiden Name, " Hutzler

7. Mother's Birthplace, Md

8. Full Name of Father, August Sauer

9. Father's Occupation, Locksmith

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Batz

Address, 120 Bank St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© MULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 4th 1883
4. *Place of Birth, (Street and Number)*	No 18 Paulney st
5. *Full Name of Mother,*	Mary Dill
6. *Mother's Maiden Name,*	Lapshan
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Dill
9. *Father's Occupation,*	Harnishmaker
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Schaeffer M.D.
Address,	330 Hanover st
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th January
4. Place of Birth, (Street and Number) Bank Street 310
5. Full Name of Mother, Emey Nelson
6. Mother's Maiden Name, Lerbeck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Nelson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley. 12 Patterson Park.

Address,

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January th 4 1883
4. *Place of Birth, (Street and Number)* Common st 57
5. *Full Name of Mother,* Mary Doré
6. *Mother's Maiden Name,* Mary Wren
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Michel Doré
9. *Father's Occupation,* Cabier
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, 792 Pratt st

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 8 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* fumuary 1st 4 1883
4. *Place of Birth, (Street and Number)* 250 Lexington street
5. *Full Name of Mother* Anne Pipitone
6. *Mother's Maiden Name,* Anne Gatto
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Vito Pipitone
9. *Father's Occupation,* Tobacconist Cigars factury
10. *Father's Birthplace* Italy

Name of Medical Attendant, or other Person who makes this Return my Cross

Address, 74 S. fremont stret

Remarks,

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60740

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 6th 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1st m.

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, Jan. 4th 1883
4. *Place of Birth*, (*Street and Number*) 35 California Ville
5. *Full Name of Mother*, Dora Kutzel.
6. *Mother's Maiden Name*, Dora Kutzel.
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Geo. Kutzel.
9. *Father's Occupation*, Rail Road Company.
10. *Father's Birthplace*, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arnold.

Address, No. 137 S. Wolfe St.

Remarks, —0—

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 9 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 4th 1883

4. *Place of Birth, (Street and Number)* # 378 Franklin St

× 5. *Full Name of Mother,* Mary J. Walker

×6. *Mother's Maiden Name,* Mary Thompson Harmer

7. *Mother's Birthplace,* Salem N.J.

8. *Full Name of Father.* Benj. F. Walker

9. *Father's Occupation,* Real Estate Agent

×10. *Father's Birthplace,* Kent Island, Maryland

Name of Medical Attendant, or other Person who makes this Return Robt H. Mifflin M.D.

Address, # 88 Saratoga St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60742

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 5 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 4
4. *Place of Birth, (Street and Number)* Pennsa. ave. 491 1883
5. *Full Name of Mother* Mary W. Holmes
6. *Mother's Maiden Name* Mary W. Black
7. *Mother's Birthplace* Balto. Co.
8. *Full Name of Father* Samuel J. Holmes
9. *Father's Occupation* laborer
10. *Father's Birthplace* Carrol County

Name of Medical Attendant, or other Person who makes this Return. Mrs. Carroll midwife

Address Patterson Ave. 7

Remarks

RETURN OF A BIRTH

60743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 5th
4. *Place of Birth, (Street and Number)*	229 W Lombard
5. *Full Name of Mother,*	Helen Pels
6. *Mother's Maiden Name,*	Helen Rosenbaum
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Moses Pels
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No 2 Cathedral St.
Remarks,	

RETURN OF A BIRTH 60744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 5. 1883
4. *Place of Birth, (Street and Number)* No 42 Johnson St. Balt. Md
5. *Full Name of Mother,* Willigard Williamson
6. *Mother's Maiden Name,* Margeret. Sarmer
7. *Mother's Birthplace,* Somerset Co.
8. *Full Name of Father,* Walt. Williamson
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Belfast

Name of Medical Attendant, or other Person who makes this Return Mrs Nash

Address, 107 Johnson St Balt Md

Remarks,

JAN 6 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

b 7451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 17 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 5th 1883

4. *Place of Birth, (Street and Number)* 47 Wall St.

5. *Full Name of Mother.* Marie Martin

6. *Mother's Maiden Name,* Denterins

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* Edward Martin

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Kroh

Address, 328 S Eutaw St.

Remarks,

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RETURN OF A BIRTH 60746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* january 5th
4. *Place of Birth, (Street and Number)* 124 conway st
5. *Full Name of Mother,* precilia madix
6. *Mother's Maiden Name,* precilia alcon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph madix
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return mrs Lydia Porter

Address, no 4 patpscoavenue

Remarks, healthy child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 16 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 the
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5 of Januar
4. *Place of Birth, (Street and Number)*	Hiedlandtown (Lancaster St.
5. *Full Name of Mother,*	W. Bohne
6. *Mother's Maiden Name,*	=
7. *Mother's Birthplace,*	Hessen Darmstadt (Germ
8. *Full Name of Father,*	Bohne
9. *Father's Occupation,*	Brower
10. *Father's Birthplace,*	Hessen Kassel (Germ)
Name of Medical Attendant, or other Person who makes this Return.	F. Behnken
Address,	54 Essex St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 5th, 1883.
4. *Place of Birth, (Street and Number)*	Dolphin st near Bolton
5. *Full Name of Mother,*	Hattie Burgham
6. *Mother's Maiden Name,*	Roberts
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Walter Burnham
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Bibbins also M.D.
Address,	256 E. Preston St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 5 1883
4. *Place of Birth, (Street and Number)*	121 Fort Av
5. *Full Name of Mother,*	Anna Kane
6. *Mother's Maiden Name,*	Anna Hagerman
7. *Mother's Birthplace,*	Balt Md
8. *Full Name of Father,*	Wm Kane
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balt Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook MD
Address,	140 Hanover St
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 of 10

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	2nd
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan 5th 1893
4. *Place of Birth*, (*Street and Number*)	275 Sharp St
5. *Full Name of Mother*	Barbara Lutz
6. *Mother's Maiden Name*,	Barbara Lutz
7. *Mother's Birthplace*,	Balt Md
8. *Full Name of Father*,	Geo A Lutz
9. *Father's Occupation*,	Porter
10. *Father's Birthplace*,	Balt Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 Hanover
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

60751

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~January 5th 1883~~ Dec 31, 1882
4. Place of Birth (Street and Number) 73 Bolton st
5. Full Name of Mother Mary Kelso Millikin
6. Mother's Maiden Name " " Carter,
7. Mother's Birthplace Baltimore
8. Full Name of Father J. Bryson Millikin
9. Father's Occupation Whis Manufacturer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Dickson M.D.

Address 261 Madison Avenue

Remarks

That any physician, [illegible] advise at the birth of any child within the City of Baltimore, [illegible] aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and [illegible] child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

60752

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~Feb. 5.~~ Jan 5 1883
4. *Place of Birth (Street and Number)* 714 Hamburg St
5. *Full Name of Mother* Alice Harkens
6. *Mother's Maiden Name* Alice Hongarett
7. *Mother's Birthplace* U. S. York.
8. *Full Name of Father* James Harkens
9. *Father's Occupation* Collector
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Carberry

Address 134 Hamburg St

Remarks Nursing Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

60753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 5th 1883

4. Place of Birth (Street and Number) 155 Ensor St. Cor West

5. Full Name of Mother Patricia Minnick

6. Mother's Maiden Name " Staylor

7. Mother's Birthplace Baltimore City

8. Full Name of Father George B Minnick

9. Father's Occupation Plumber

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E Hall Ruth Jr Md

Address 151 Asquith St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

JAN 11 1883

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Third child

1. *Sex,* (*state whether male or female*) C Male child

2. *Race or Color,* (*if not of the white race*) Colored.

3. *Date of Birth,* 5th January 1883

4. *Place of Birth,* (*Street and Number*) 609 North Dallas Street

5. *Full Name of Mother,* Lizzie Henson

6. *Mother's Maiden Name,* Lizzie Jackson

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* William Hinson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace.* Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Susan Morgan

Address, No 47 North Durham Street

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

6755

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 child

1. *Sex,* (*state whether male or female*) femail
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 5 janury
4. *Place of Birth,* (*Street and Number*) baltimore 23 burrough st
5. *Full Name of Mother,* Sevnisa Hupper
6. *Mother's Maiden Name,* Sevnisa Schneider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jonus H Hupper
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Conway

Address.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) ... Second

1. *Sex,* (*state whether male or female*) ... female
2. *Race or Color,* (*if not of the white race*) ... Colard
3. *Date of Birth,* ... January 5th 1883
4. *Place of Birth,* (*Street and Number*) ... mudlikin street No 207
5. *Full Name of Mother,* ... Jane Cooper
6. *Mother's Maiden Name,* ... Jane Litton
7. *Mother's Birthplace,* ... Baltimore Md
8. *Full Name of Father,* ... William Cooper
9. *Father's Occupation,* ... Oyster Shucker
10. *Father's Birthplace,* ... Baltimore Md

Name of Medical Attendant, or other Person who makes this Return ... Jesse Walker

Address, ... Duncan Alley No. 15

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

60759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 5

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* January 5th
4. *Place of Birth,* (*Street and Number*) No 197 N. Dallas St.
5. *Full Name of Mother,* Mary Wösner
6. *Mother's Maiden Name,* " Drechsler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mathias Wösner
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby St.

Remarks,

JAN 10 1905

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 January 1883
4. *Place of Birth, (Street and Number)* 115 S ~~Eden~~ Dallas
5. *Full Name of Mother,* Susan Fischer
6. *Mother's Maiden Name,* Rehr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fedrich Fischer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E Eutaw St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 13 1883

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 5th 1883
4. *Place of Birth, (Street and Number)*	Cor. Hillen & High Sts.
5. *Full Name of Mother,*	Sophia Holdgrawe
6. *Mother's Maiden Name,*	" Hesterberg
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Holdgrawe
9. *Father's Occupation,*	Grocery Store
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dinah Hillegeist
Address,	#182 E. Monument St.
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS

60760

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 5th 1883
4. *Place of Birth (Street and Number)* Columbia Avenue & Fremont St
5. *Full Name of Mother* Margaret Schulte
6. *Mother's Maiden Name* Margaret Baer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick W. Schulte
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. N. W. Colburn

Address 343 W. Lombard St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

60761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 5th 1883
4. *Place of Birth (Street and Number)* 437 Cross St
5. *Full Name of Mother* Martha Ellen Joyce
6. *Mother's Maiden Name* Martha Ellen Young
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H. Joyce
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 843 W. Lombard St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 10 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5 January
4. *Place of Birth, (Street and Number)* 123 N. Bond St.
5. *Full Name of Mother,* Katie Mary Lizzie Vonderheida
6. *Mother's Maiden Name,* " " " Hofakamp
7. *Mother's Birthplace,* Hanover Europe
8. *Full Name of Father,* Harmon Henry Vonderheida
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Hanover Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Ann Illig

Address, 128 Holland St.

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60/63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 5th 1883
4. Place of Birth, (Street and Number) No 105 Conway Street
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Carter
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Porter
9. Father's Occupation, Laborer
10. Father's Birthplace, West River Maryland

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy alley

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 Children
1. *Sex (state whether Male or Female)*	Boy Child
2. *Race or Color (if not of the white race)*	Col
3. *Date of Birth*	Jan 5
4. *Place of Birth (Street and Number)*	Rope Walk alley
5. *Full Name of Mother*	Henretta Thaker
6. *Mother's Maiden Name*	Henretta Dorsey
7. *Mother's Birthplace*	Fedick County
8. *Full Name of Father*	Richard Thaker
9. *Father's Occupation*	oyster Shucker,
10. *Father's Birthplace*	Calvert County
Name of Medical Attendant, or other Person who makes this return	Dianna Camphor
Address	
Remarks	Boy good Condission

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

60765

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August
4. *Place of Birth (Street and Number)* 72 S Paca St.
5. *Full Name of Mother* Mrs Timothy Ryan
6. *Mother's Maiden Name* ——
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Timothy Ryan
9. *Father's Occupation* Police Officer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm M Vickerson, M.D.

Address Arlington & Harlem

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or have knowledge of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within five days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at one birth, their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60766

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 29th 1882.
4. *Place of Birth (Street and Number)* 640 N. Ball
5. *Full Name of Mother* Mrs Ida Lichtor
6. *Mother's Maiden Name* Miss Ida Waltz
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Samuel G. Lichtor
9. *Father's Occupation* Market man
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm H Nicholson, M.D.

Address Arlington & Harlem Aves.

Remarks

RETURN OF A BIRTH 60767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 Januar 1883
4. Place of Birth, (Street and Number) 185 Paterson Park Avenue
5. Full Name of Mother. Sophia Barbara Reyersen
6. Mother's Maiden Name. Certel
7. Mother's Birthplace, Germany
8. Full Name of Father. Hs Reinhard Reyersen
9. Father's Occupation, Seefahrer
10. Father's Birthplace. Norwegen

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

60768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jany 6th
4. *Place of Birth (Street and Number)* 130 Johnson
5. *Full Name of Mother* Catherine Hooks
6. *Mother's Maiden Name* " Mullin
7. *Mother's Birthplace* Md
8. *Full Name of Father* Marcellus Hooks
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. R H P Ellis

Address 313 Lyon

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6 0 769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5.)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 6th 1883,
4. *Place of Birth, (Street and Number)*	No 510. Ausquit Ste
5. *Full Name of Mother,*	Margarata Frochlish.
6. *Mother's Maiden Name,*	Lang.
7. *Mother's Birthplace,*	Mühlbach Germany
8. *Full Name of Father,*	Petr Frochlish
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace.*	Heucholheim, Germany,
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20, Barnes Ste
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60770

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jany 6th 1885
4. *Place of Birth, (Street and Number)* 788 W Fratt St
5. *Full Name of Mother,* Anna Weems
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. H. Weems
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other Person who makes this Return J C Burch M D

Address, 15 1st Hanover St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 12 1883 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth* Jan 6th 1883.
4. *Place of Birth, (Street and Number)* bird. st. 61
5. *Full Name of Mother* Kerry. Hausler.
6. *Mother's Maiden Name* " May
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* John. Hausler.
9. *Father's Occupation* Labor. man.
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie. Gems.

Address 634. light. st

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 6 of Jan. 183
4. *Place of Birth,* (*Street and Number*) 62 Fulton St.
5. *Full Name of Mother,* Mr. Mooring
6. *Mother's Maiden Name,* Mrs. Mooring
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John Mooring.
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Philada. Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mr. Miller

Address, 1017 W. Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

60775

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6 of Jan. 1883
4. *Place of Birth, (Street and Number)* 4 Calverton Road
5. *Full Name of Mother,* Mr. Koslosviski
6. *Mother's Maiden Name,* M. Klaus
7. *Mother's Birthplace,* West Prusia
8. *Full Name of Father,* Mr. Koslosviski
9. *Father's Occupation,* Worker
10. *Father's Birthplace,* West Prusia

Name of Medical Attendant, or other Person who makes this Return Mr. Hiller

Address, 1017 W. Pratt St.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex,* (state whether male or female)	Girl.
2. *Race or Color,* (if not of the white race)	White.
3. *Date of Birth,*	6th of January 1883.
4. *Place of Birth,* (Street and Number)	No 9 Bonner Street.
5. *Full Name of Mother*	Mary Trunk.
6. *Mother's Maiden Name,*	Mary Schmitt.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father.*	Lebold Schmitt.
9. *Father's Occupation,*	Schoemaker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	Ernestine Kunkel.
Address,	71 North Chappel st per Justina Kunkel
Remarks,	Healthy.

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60775

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 January 1883
4. *Place of Birth, (Street and Number)* 62 S. Eden
5. *Full Name of Mother,* Susan E. Smith
6. *Mother's Maiden Name,* Bramble
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Philip Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary Klein

Address, 151 E Hall St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 6 1883
4. *Place of Birth, (Street and Number)*	#360 S. Wolfe St
5. *Full Name of Mother,*	Elisabeth Mueller
6. *Mother's Maiden Name,*	Berger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Caulus Mueller
9. *Father's Occupation,*	Laboren
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krapp
Address,	236 Canton Ave
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan' 6
4. *Place of Birth, (Street and Number)*	358 Madison Ave.
5. *Full Name of Mother,*	Bella Webb Morrison
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Geo. F. Webb
9. *Father's Occupation,*	Insurance Agent
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Wilson M.D.
Address,	257 Mad. Ave.
Remarks,	Instrumental Assistance

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6 of Janua 1883
4. *Place of Birth, (Street and Number)* 218 burgundy Aly
5. *Full Name of Mother,* Mary Josephene Ginthicum
6. *Mother's Maiden Name,* Schlag
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jas H Ginthicum
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Anneaurundle county md

Name of Medical Attendant, or other Person who makes this Return

Address, Amelia Bange

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60779

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Jan 6 1883
4. *Place of Birth (Street and Number)* 24 Cider Alley
5. *Full Name of Mother* Elizabeth Dudley
6. *Mother's Maiden Name* " Wilkins
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Winston Dudley
9. *Father's Occupation* Laborer
10. *Father's Birthplace* ~~H~~ Virginia

Name of Medical Attendant, or other Person who makes this Return. W H Noble

Address University Hospital

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 6078

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 1

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan 6. 1883
4. *Place of Birth* (Street and Number) Magnor alley.
5. *Full Name of Mother* Mary golden
6. *Mother's Maiden Name* golden
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John Harris
9. *Father's Occupation* Labor
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Eliza Loomis

Address 68 Elbom Lane

Remarks the child is still alive

GIVEN NAME ADDED 8-19-57

RETURN OF A BIRTH 60751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 9 1883

Amelia Freida Stap

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 6. 1883
4. *Place of Birth, (Street and Number)* Cooker Street No 79
5. *Full Name of Mother,* F M Stap
6. *Mother's Maiden Name,* F M Möller
7. *Mother's Birthplace,* Germya
8. *Full Name of Father,* August Stap
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germya

Name of Medical Attendant, or other Person who makes this Return Magie Ettel

Address, No 3 Eutaw Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 and 9 twins

1. Sex, (state whether male or female) males
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 January
4. Place of Birth, (Street and Number) 487 N. Gay Street
5. Full Name of Mother, Emma Franck
6. Mother's Maiden Name, " Beyer
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Christian Franck
9. Father's Occupation, Notion store
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulig

Address, 96 Holland St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 January
4. *Place of Birth, (Street and Number)* 9 Bloomfield
5. *Full Name of Mother.* Matilda Glation
6. *Mother's Maiden Name,* Dosan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. Glaton
9. *Father's Occupation,* Seafort
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Carper

Address, 72 E. Lombard street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 6 January
4. *Place of Birth, (Street and Number)* 126 E. Eutaw
5. *Full Name of Mother,* Lizzie Betts
6. *Mother's Maiden Name,* Hildebrand
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Betts
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	6 January
4. *Place of Birth, (Street and Number)*	113 Albemarle
5. *Full Name of Mother,*	Bertha Rodgfirth
6. *Mother's Maiden Name,*	Hall
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin H. Rodgfirth
9. *Father's Occupation,*	Wagon driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60786

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Jan. 6. 1883
4. *Place of Birth, (Street and Number)* No. 56 Cross St. Balt. Md.
5. *Full Name of Mother,* Bridget Slaven
6. *Mother's Maiden Name,* Bridget Clinchem
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Jas. Slaven
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, 107 Johnson St. Balt. Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60787

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 2-23-53 [redacted]TIMORE CITY.

Name: Henry Frederich Reuss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4th 1883.
4. Place of Birth, (Street and Number) N. Bond St. No 64
5. Full Name of Mother Christine Reuss
6. Mother's Maiden Name, Christina Hammel
7. Mother's Birthplace, Hesse Gr. Hessen Germany
8. Full Name of Father, Conrad Reuss.
9. Father's Occupation, Tailor.
10. Father's Birthplace Basel, N. Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address N Dallas St No 26.

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 6, 1883.
4. *Place of Birth, (Street and Number)* E. Lombard St. No 188.
5. *Full Name of Mother,* Ellen Lunzemann
6. *Mother's Maiden Name,* Ellen Ortmann
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Lunzemann
9. *Father's Occupation,* Grocer
10. *Father's Birthplace.* Obervorschütz, N. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Gallus St. No 26.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st Child
1. *Sex.* (*state whether male or female*)	female.
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	January 1st 1883.
4. *Place of Birth,* (*Street and Number*)	No 862 W. Pratt St.
5. *Full Name of Mother,*	Bertha Stiemannus.
6. *Mother's Maiden Name,*	" Turner,
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Stiemannus
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Boston.
Name of Medical Attendant, or other Person who makes this Return	Anna Turner
Address,	No 45 S. Monroe St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60790

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 23 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3 ed
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	Jan. 7th 1883
4. *Place of Birth,* (*Street and Number*)	77 Sterret st
5. *Full Name of Mother*	Maria Loney
6. *Mother's Maiden Name,*	Gill
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles B. Loney
9. *Father's Occupation,*	Commission Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	C. L. Buddenbohn M.D.
Address,	166 S. Paca st.
Remarks,	"

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 7th 1883
4. *Place of Birth, (Street and Number)*	91 Chestnut St
5. *Full Name of Mother,*	Mary Ann Freeman
6. *Mother's Maiden Name,*	Mary Ann Carey
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	James Freeman
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harrett Jackson
Address,	5 Harrett St
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS.

Cert 60792

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1933

Name: George Conrad Wenchel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 7th 1883
4. Place of Birth, (Street and Number) 246 Hanburg St.
5. Full Name of Mother. Marie (Wengel) Wenchel
6. Mother's Maiden Name, " Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis (Wengel) Wenchel
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Marie Nurse

Address, Nr 328 S Eutaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jany 7th 1883
4. *Place of Birth, (Street and Number)* 48 & 50. Central Mkt Space
5. *Full Name of Mother,* Sarah Harris
6. *Mother's Maiden Name,* Sarah Shapira
7. *Mother's Birthplace,* Russia Poland
8. *Full Name of Father,* Jacob Harris
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia Poland

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, No 28. N. [illegible]

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 7 1883
4. *Place of Birth, (Street and Number)*	No 356 N. Monroe
5. *Full Name of Mother,*	Bertie Stoffel
6. *Mother's Maiden Name,*	" Heinze
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Stoffel
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mary A Elwell
Address,	256 N. Monroe St
Remarks,	

JAN 16 1883

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 7th day Jan 1893
4. *Place of Birth, (Street and Number)* 215 Corrie St
5. *Full Name of Mother* Lenny Kielander
6. *Mother's Maiden Name* Lenny Selly
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Kielander
9. *Father's Occupation* Soldier
10. *Father's Birthplace* Buffalo New York

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson

Address 452 Fort Ave

Remarks Mother and Child doing well

RETURN OF A BIRTH.

60796

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Jany 7
4. *Place of Birth (Street and Number)*	33 p Light St
5. *Full Name of Mother*	Mary Booze
6. *Mother's Maiden Name*	" Logan
7. *Mother's Birthplace*	B. City
8. *Full Name of Father*	Joseph Booze
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	R. A. Ellis
Address	313 Light St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 January
4. *Place of Birth, (Street and Number)* 40 Harrison street
5. *Full Name of Mother,* Mary Ann Brown
6. *Mother's Maiden Name,* Cammerer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mikle Brown
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60798

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth* 7th of January
4. *Place of Birth, (Street and Number)* 25 West Lombard Street
5. *Full Name of Mother* Mary Ann Boyd
6. *Mother's Maiden Name* Mary Ann Jenkins
7. *Mother's Birthplace* Annapolis
8. *Full Name of Father* Joseph Boyd.
9. *Father's Occupation* Oystering
10. *Father's Birthplace* Annapolis

Name of Medical Attendant, or other Person who makes this Return. Ann Camphor

Address No 9 Union Alley.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60799

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

JAN 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 Childe

1. *Sex, (state whether male or female)* it is Male
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* the 7 of January
4. *Place of Birth, (Street and Number)* 30 5 Hamburge
5. *Full Name of Mother,* Mary Munrow
6. *Mother's Maiden Name,* Mary Cronish
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Levi Cornish
9. *Father's Occupation,* Lot dorchester county
10. *Father's Birthplace,* Oyster & Shuck

Name of Medical Attendant, or other Person who makes this Return Milley Grss

Address, 12 plum alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB. 28, 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1883
4. *Place of Birth, (Street and Number)* 146 North Bond St
5. *Full Name of Mother,* Mary Frazier
6. *Mother's Maiden Name,* Herring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Cornelius Frazier
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm H Diffenderffer M.D.

Address, 2 High St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 60801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th of January.
4. *Place of Birth, (Street and Number)* Hudson Alley.
5. *Full Name of Mother,* Elizabeth Hobbs.
6. *Mother's Maiden Name,* " Vertel.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* James Hobbs.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby.

Address. 369 Cathedral St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

60802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 11 1883

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th Day 1883
4. *Place of Birth, (Street and Number)* 102 St Paul's Street
5. *Full Name of Mother,* Mary A Huskill
6. *Mother's Maiden Name,* " Derringer
7. *Mother's Birthplace,* Phila Penn
8. *Full Name of Father,* J Munroe Huskill
9. *Father's Occupation,* Secretary
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return C B Gamble M D

Address, 59 Cathedral

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex, (state whether male or female)*	Male Child
2. *Race or Color, (if not of the white race)*	Colored Child
3. *Date of Birth,*	7th January 1883
4. *Place of Birth, (Street and Number)*	No 59 Rice St Baltimore
5. *Full Name of Mother,*	Sarah Shields
6. *Mother's Maiden Name,*	[illegible]
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	Daniel Lewis
9. *Father's Occupation,*	Longshoreman
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mary E Bruce
Address,	No 17 Waterst City
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

60804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan. 7th
4. *Place of Birth (Street and Number)*	91 Parkin St.
5. *Full Name of Mother*	Mary Elizabeth Thompson
6. *Mother's Maiden Name*	Mason
7. *Mother's Birthplace*	Essex Co. Virginia
8. *Full Name of Father*	James Edward Thompson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. H. Webber M.D.
Address	298 W. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60805

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 7
4. *Place of Birth, (Street and Number)*	96 Charles St. Ave.
5. *Full Name of Mother,*	Mary Wall
6. *Mother's Maiden Name,*	Dade
7. *Mother's Birthplace,*	Montgomery Co.
8. *Full Name of Father,*	Wm E. Wall
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson M.D.
Address,	257 Mad. Ave.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JAN 12 1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 7th 1883.
4. *Place of Birth, (Street and Number)* Belair Avenue
5. *Full Name of Mother,* Hermine Wolf.
6. *Mother's Maiden Name,* Hermine Fritz
7. *Mother's Birthplace,* Aubstadt Germany
8. *Full Name of Father,* Adam Wolf.
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Münnerstadt Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

60807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 7th 11 35 P.M. 1883
4. *Place of Birth (Street and Number)* 89 S. Caroline St.
5. *Full Name of Mother* Emma Priscilla Moore
6. *Mother's Maiden Name* E. P. Shehee
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas S. Moore
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M.D.

Address 299 E Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60808

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 9 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan 7th 83
4. *Place of Birth, (Street and Number)* 524 Virginia Ave
5. *Full Name of Mother* Bridget A Hill
6. *Mother's Maiden Name* " " McLaughlin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Hill
9. *Father's Occupation* Railroader
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward Kendrick

Address 54 Virginia Ave

Remarks

RETURN OF A BIRTH 60809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 7th 1883
4. *Place of Birth, (Street and Number)* 57 N Ann St
5. *Full Name of Mother,* Francis Dietel
6. *Mother's Maiden Name,* Francis Flaner
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Vincent Dietel
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return

Address, Magdalena Sibiski

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 10 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of January. 1883.
4. *Place of Birth, (Street and Number)* 549 East Fayette street.
5. *Full Name of Mother,* Kate Kummel
6. *Mother's Maiden Name,* Kate Berger.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Joseph Berger.
9. *Father's Occupation,* Beer Brewer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel.

Address, 71 North Chappel st. per Justina Kunkel.

Remarks, Healthy.

O. TULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6081

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1 Birth
1. *Sex*, (*state whether male or female*)	Girl
2. *Race or Color*, (*if not of the white race*)	Weiß
3. *Date of Birth*,	1 Januar
4. *Place of Birth*, (*Street and Number*)	19 er Street
5. *Full Name of Mother*	Mari Elisabetha Aul
6. *Mother's Maiden Name*,	" " Mehl
7. *Mother's Birthplace*,	Gleb Stadt Baiern
8. *Full Name of Father*,	John Aul
9. *Father's Occupation*,	
10. *Father's Birthplace*,	Bernbach Hessen
Name of Medical Attendant, or other Person who makes this Return	Mrs Maurer
Address,	Lombard Street 1228
Remarks,	

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

60812

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Three
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Jan 7th 1885
4. Place of Birth (Street and Number)	No. 9 Bartlett St.
5. Full Name of Mother	Rosa Hazelton
6. Mother's Maiden Name	Rosa Hazelton
7. Mother's Birthplace	Kent Co Md.
8. Full Name of Father	—
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	J. B. Mongar
Address	University Colledge
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 January
4. *Place of Birth, (Street and Number)* 7 E Douglas St
5. *Full Name of Mother* Sophia Gardner
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Prussia Europe
8. *Full Name of Father,* dont know who the father is not
9. *Father's Occupation,* married
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland St.

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January the 7th 1883.
4. *Place of Birth, (Street and Number)* Aisquith St No 305
5. *Full Name of Mother,* Augusta Schwichtenberger
6. *Mother's Maiden Name,* Augusta Geier
7. *Mother's Birthplace,* Danzig Prussia
8. *Full Name of Father,* August Schwichtenberger
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Danzig Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 7. 1883.
4. *Place of Birth, (Street and Number)* E. Bond St. No 81.
5. *Full Name of Mother,* Caroline Folk.
6. *Mother's Maiden Name,* Caroline Beste.
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* John Folk
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 7, 1883.
4. *Place of Birth, (Street and Number)* Baltimore Jasper St no 85
5. *Full Name of Mother,* Rebeca Petson
6. *Mother's Maiden Name,* Rebeca Savage
7. *Mother's Birthplace,* West river Md
8. *Full Name of Father,* Lanerial Petson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Caroll county Md

Name of Medical Attendant, or other Person who makes this Return. Sallie Pennington

Address, 74 Jasper St Baltimore Md

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

27

RETURN OF A BIRTH

60817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 8th 1913
4. *Place of Birth, (Street and Number)*	Chapel Street 3rd door North of Bank
5. *Full Name of Mother,*	Mary Clark
6. *Mother's Maiden Name,*	Mary Connors
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William Clark
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 65 Bank St.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60818

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 15 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 8 - 83
4. *Place of Birth, (Street and Number)* 122 W. Pine
5. *Full Name of Mother* Ophelia Snyder
6. *Mother's Maiden Name* Egger
7. *Mother's Birthplace* Balto. City, Md.
8. *Full Name of Father* John Godefroy Snyder
9. *Father's Occupation* Dinner
10. *Father's Birthplace* Balto. City Md

Name of Medical Attendant, or other Person who makes this Return. Louis F. Knight M.D.

Address 112 N. Greene

Remarks

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 60819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 8th 1883
4. *Place of Birth, (Street and Number)* 193 Pierce St.
5. *Full Name of Mother,* Catherina Mayers
6. *Mother's Maiden Name,* Catherina Lober
7. *Mother's Birthplace,* Wurtemberg Germany
8. *Full Name of Father,* Charles M. Mayers
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Wurtemberg Germany

Name of Medical Attendant, or other Person who makes this Return Mary Sedley

Address.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 6082a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Fourth
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	January 8th
4. *Place of Birth,* (*Street and Number*)	91 South Spring St.
5. *Full Name of Mother,*	Brenia Mittleman
6. *Mother's Maiden Name,*	Moses Moses
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Pinches Mittleman
9. *Father's Occupation,*	Agar Maker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	Rachel Justman
Address,	55 Harrison St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8, 1883
4. *Place of Birth, (Street and Number)* 404 Eastern Av
5. *Full Name of Mother,* Emily Jefferson
6. *Mother's Maiden Name,* Em White
7. *Mother's Birthplace,* Sommer Sta Co Md
8. *Full Name of Father,* Rob M Jefferson
9. *Father's Occupation,* Capton
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs E Tracy

Address, 193 Chester St

Remarks,

JAN 15 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6 1883
4. *Place of Birth, (Street and Number)* 63 Bank St
5. *Full Name of Mother,* Mary Hubbard
6. *Mother's Maiden Name,* Mary Lentz
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mary Hubbard
9. *Father's Occupation,* Cap Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs C Hubbard

Address, 63 Chester St

Remarks,

"Any physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth January 8

4. Place of Birth (Street and Number) 24 Colington

5. Full Name of Mother Lissie Wegert

6. Mother's Maiden Name " " Gerathy

7. Mother's Birthplace Baltimore

8. Full Name of Father Antonia Wegert

9. Father's Occupation Laboring

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sharry Pertner

Address

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

60824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Jany 8th 1883.
4. Place of Birth (Street and Number)	119 Gough st
5. Full Name of Mother	Margaret Flaherty
6. Mother's Maiden Name	Margaret Gregory
7. Mother's Birthplace	Balt. City
8. Full Name of Father	~~Balt. City~~ Patrick Flaherty
9. Father's Occupation	Painter
10. Father's Birthplace	Balt. City
Name of Medical Attendant, or other Person who makes this Return.	John F. Mommonier M.D.
Address	S. W. Cor. [illegible]
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60825

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 16 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state wheither male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8th January 1883.
4. *Place of Birth, (Street and Number)* No 80 Grindle
5. *Full Name of Mother* Margret Martin
6. *Mother's Maiden Name* M. Moylan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Martin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Downing

Address No 18 Byrd st

Remarks

RETURN OF A BIRTH 60826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 January
4. *Place of Birth, (Street and Number)* 69 Market place
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Fetlon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Smith
9. *Father's Occupation,* Boot maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6827

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8 January
4. *Place of Birth, (Street and Number)*	124 Central Avenue
5. *Full Name of Mother,*	Mary Homel
6. *Mother's Maiden Name,*	Schotta
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George F. Homel
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72 E. Lombard street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 8 1883
4. *Place of Birth, (Street and Number)* 103 Crof St
5. *Full Name of Mother,* Emma Matthews
6. *Mother's Maiden Name,* Emma Dixon
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William T. Matthews
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return H. B. Noble M.D.

Address, 50 Warren Av

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 8th
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Katie Strohler
6. *Mother's Maiden Name* Katie Marshell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thoma J Strahler
9. *Father's Occupation* fair man
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucy Upsher 150 Sexton St

Address no 35 north gun St Baltimore

Remarks

RETURN OF A BIRTH

6083a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 15 1883

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 8. 83.
4. *Place of Birth, (Street and Number)* South Mathias Alley No 3
5. *Full Name of Mother,* Elisabeth Kufsner
6. *Mother's Maiden Name,* Hoh
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Georg Kufsner
9. *Father's Occupation,* Gulder
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. L. Baubach

Address, S. Holy 17

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 6831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 12 1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex (state whether male or female)	Male
Race or Color, (if not of the white race)	white race
Date of Birth	January the 6th
Place of Birth, (Street and Number)	Baltimore Light st No 5011
Full Name of Mother	Mary Marsh
Mother's Maiden Name	Mary Walker
Mother's Birthplace	princegorge Co Md
Full Name of Father	walter Marsh
Father's Occupation	Saler
Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Holborn
Address	william st No 3y4
Remarks	

RETURN OF A BIRTH 60832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 8th 1883
4. Place of Birth, (Street and Number) Maternite Hospt 161 W Lombard
5. Full Name of Mother, Lizzie Baxter
6. Mother's Maiden Name, do
7. Mother's Birthplace, England
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W P McIntosh Mal

Address, 161 W Lombard St

Remarks, Illegitimate

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

Extract Regulations of the [illegible] in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Colored female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 8. 1883
4. *Place of Birth, (Street and Number)*	Baltimore, Kindel alley no 3.
5. *Full Name of Mother,*	grace Russell
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Frederick city md
8. *Full Name of Father,*	William Russell
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore city md
Name of Medical Attendant, or other Person who makes this Return.	Sallie pennington
Address,	44 Jasper st Baltimore md
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

60834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 8th 1883
4. Place of Birth (Street and Number) at Lombard St
5. Full Name of Mother Leonora Bell
6. Mother's Maiden Name Leonora Smith
7. Mother's Birthplace Balto Md
8. Full Name of Father Henry Bell
9. Father's Occupation Tinner
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Tinner Md

Address 41 N Pleasant St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 60835

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of January
4. *Place of Birth, (Street and Number)* No 4 Seekend St
5. *Full Name of Mother,* Triasea Singer
6. *Mother's Maiden Name,* Triasea Angalhart
7. *Mother's Birthplace,* Germane
8. *Full Name of Father,* Charles Singer
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace.* Germene

Name of Medical Attendant, or other Person who makes this Return Sabina Friesbaber

Address, No 128 Wash

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60836

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8th 1883
4. *Place of Birth, (Street and Number)* #155 No Front St.
5. *Full Name of Mother,* Mary ~~Connaughton~~ Burns
6. *Mother's Maiden Name,* " Connaughton
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Willegeist

Address, #182 E. Monument St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH to 8337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Janry. 8 - 1883
4. *Place of Birth, (Street and Number)* 289 Canton Av.
5. *Full Name of Mother,* Catherina Newkirk
6. *Mother's Maiden Name,* Hausmack
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert H. Newkirk
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E Pratt St.

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 8. 1883
4. *Place of Birth, (Street and Number)*	Baltimore jasper court no 1.
5. *Full Name of Mother,*	Annie Wilson
6. *Mother's Maiden Name,*	Annie Lowden
7. *Mother's Birthplace,*	Queen county Virginia
8. *Full Name of Father,*	jim Wilson
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	md queen anne county Virginia
Name of Medical Attendant, or other Person who makes this Return.	Sallie jennigton
Address,	94 Jasper Street
Remarks,	Baltimore md

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 8 1883
4. *Place of Birth, (Street and Number)* 101 Hanson
5. *Full Name of Mother,* Matilda Katzenstein
6. *Mother's Maiden Name,* " Schmarz
7. *Mother's Birthplace,* Dorf Knoll
8. *Full Name of Father,* Abram Katzenstein
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Dorf Knoll

Name of Medical Attendant, or other Person who makes this Return. Stett. M.D.

Address, 143 N Exeter St

Remarks, [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60840

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 8 th 1883
4. *Place of Birth, (Street and Number)*	182 Barney st
5. *Full Name of Mother,*	Martha Piby
6. *Mother's Maiden Name,*	Gabler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Theodor Piby
9. *Father's Occupation,*	Bookbinder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Schwarz midwife
Address,	390 Hanover st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Color child
3. *Date of Birth,*	4 of January
4. *Place of Birth, (Street and Number)*	No 54 Comet Alley
5. *Full Name of Mother,*	Mary Ellen Silbaman
6. *Mother's Maiden Name,*	Miss Price
7. *Mother's Birthplace,*	Calvert County
8. *Full Name of Father,*	Samuel Henry Silbaman
9. *Father's Occupation,*	Loading Wash
10. *Father's Birthplace,*	Baltimore M.D.
Name of Medical Attendant, or other Person who makes this Return	
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60842

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan'y 9th 1883
4. *Place of Birth, (Street and Number)*	115 Montgomery St
5. *Full Name of Mother*	Mary E. Richardson
6. *Mother's Maiden Name*	Ingram
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Wm H. Richardson
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60843

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 January
4. *Place of Birth, (Street and Number)* 269 S. Eden Street
5. *Full Name of Mother,* Thérèse Schreflan
6. *Mother's Maiden Name,* Therese Breitung
7. *Mother's Birthplace,* Dyhlbach Prusse
8. *Full Name of Father,* Franz Joseph Schreyler
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Burgenaue Baiern

Name of Medical Attendant, or other Person who makes this Return Anna Walker

Address, 239 S. Eden Street.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60844

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	9th January 1883
4. *Place of Birth, (Street and Number)*	Baltimore Eastern ave No 330
5. *Full Name of Mother,*	Mary Barry
6. *Mother's Maiden Name,*	Ryan
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Thomas Barry
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	~~Ireland~~ Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60845

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 15 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Jan. 9th

4. Place of Birth (Street and Number) Baltimore, No 61 Reandal Lt

5. Full Name of Mother Mrs Jennie Speakes

6. Mother's Maiden Name Jennie Walker

7. Mother's Birthplace Baltimore

8. Full Name of Father L George W. Speakes

9. Father's Occupation Boiler Maker

10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return. Mrs Hinton

Address No 225 S. Charles Lt

Remarks Child is well and hearty

RETURN OF A BIRTH

10846

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 17 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	7th "
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	June 9th " 1883
4. *Place of Birth.* (*Street and Number*)	Baltimore Columbia Ave No " 243
5. *Full Name of Mother,*	Kate Compernspire
6. *Mother's Maiden Name,*	" Craven
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles. Compernspire
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No " 58 Parkin st.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1883

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth,* Jan 14 1883
4. *Place of Birth.* (*Street and Number*) No 60 S Bond st
5. *Full Name of Mother,* Rose Edwards
6. *Mother's Maiden Name,* " Goldsborough
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Edwards
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Gelzke

Address, No 55 S Bond st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1st 1883
4. *Place of Birth, (Street and Number)*	Mc Henry st No 92
5. *Full Name of Mother,*	Amelia Thirmand
6. *Mother's Maiden Name,*	Amelia Frick
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William Thirmand
9. *Father's Occupation,*	Molder
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address,	792 Pratt st
Remarks,	

JUN 16 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 7.

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 9 January
4. *Place of Birth,* (*Street and Number*) 35 Fayette
5. *Full Name of Mother,* Annie Eckoff
6. *Mother's Maiden Name,* Hinricks
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Eckoff
9. *Father's Occupation,* Tinsmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 728 E. Lombard street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 9 83.
4. *Place of Birth, (Street and Number)* S. Darmhan str 88
5. *Full Name of Mother,* Margaretha Wischer
6. *Mother's Maiden Name,* Ochs
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Michael Wischer
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. F. Raubach

Address, S. Wolf 14

Remarks,

FEB 5 1883

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 60851

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~Feb. 9. 1883~~ Jan. 9. 1883
4. *Place of Birth (Street and Number)* 123. Eden hall N.
5. *Full Name of Mother* Mary Norton
6. *Mother's Maiden Name* Mary Elyne Ryan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michel Norton
9. *Father's Occupation* Turn-key. S. P. State
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary R. Cashey

Address 134. Hanover St.

Remarks Nursing Well

...vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 9th 1883
4. Place of Birth (Street and Number)	664 S. Charles
5. Full Name of Mother	Kate Krummel
6. Mother's Maiden Name	" Broening
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Gustav Krummel
9. Father's Occupation	Cooper & Dyer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. A. Cooke Jr
Address	373 Light St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 00813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 9. 1883
4. *Place of Birth, (Street and Number)* 483 Light St. Balto. Md.
5. *Full Name of Mother,* Katherine Wickelein
6. *Mother's Maiden Name,* Katherine Marshall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leonard Wickelein
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm Nash.

Address, 107 Johnson St. Balto. Md.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60854

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 [illegible]

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 9. 1883.
4. *Place of Birth, (Street and Number)* Walker St. No 23.
5. *Full Name of Mother,* Margaretha Lenz
6. *Mother's Maiden Name,* Margaretha Graf
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Friedrich Lenz
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60855

JAN 11 1883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Clara ~~Young~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 9th 1883
4. Place of Birth (Street and Number)	Baltimore Montgomery St 225
5. Full Name of Mother	Margaret Young
6. Mother's Maiden Name	Ransaut
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Young
9. Father's Occupation	Sailmaker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	220. Montgomery St Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60856.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 11 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 January 1883
4. *Place of Birth, (Street and Number)*	No 1420 South Charles St
5. *Full Name of Mother,*	Anne Landy
6. *Mother's Maiden Name,*	Anne Scully
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Landy
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Sabina Gallagher
Address,	No 120 West St
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	First Child
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	white
3. *Date of Birth,*	Jan. 9/83
4. *Place of Birth,* (*Street and Number*)	32 Gough St.
5. *Full Name of Mother*	Susan J Mills
6. *Mother's Maiden Name,*	" " Morris
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Geo. H. Mills
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Nova Scotia
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D.
Address,	117 S Broadway
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 28 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 9: 1883
4. *Place of Birth, (Street and Number)* 284 N. Calvert st
5. *Full Name of Mother,* Helen C. Mayo
6. *Mother's Maiden Name,* " Crosby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Mayo
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return E. C. Williams

Address, 201 Madison Ave

Remarks, This was overlooked in the proper month

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6089

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th & 6th Child (Twins)

1. *Sex (state whether male or female)* Boy and a girl.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 9th 1883
4. *Place of Birth (Street and Number)* 148 Eden St.
5. *Full Name of Mother* Agnes B. Bruns
6. *Mother's Maiden Name* Kearney
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* Lawrence A. Bruns
9. *Father's Occupation* Shoe Cutter
10. *Father's Birthplace* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Lamar M.D.

Address 105 N. Central Ave.

Remarks The above are twins born on the same day.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6086a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 9th 1863
4. *Place of Birth, (Street and Number)*	29 Elliott St
5. *Full Name of Mother,*	Angie
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Brustar
9. *Father's Occupation,*	Ship builder
10. *Father's Birthplace.*	Bath Md
Name of Medical Attendant, or other Person who makes this Return	E J Williams M.D.
Address,	33 Elliott St
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 10 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 9th 1883,
4. Place of Birth (Street and Number) 89 Bolton St
5. Full Name of Mother Aletheia L. Wrightson
6. Mother's Maiden Name " " Daugherty
7. Mother's Birthplace — — Maryland
8. Full Name of Father Geo Henry Wrightson
9. Father's Occupation Book-Keeper
10. Father's Birthplace — —

Name of Medical Attendant, or other Person who makes this Return. C. F. Bevan M.D.

Address Linden Ave & Lanvale St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan. 9th
4. Place of Birth (Street and Number)	55 Sterrett St.
5. Full Name of Mother	Kate H. Hill
6. Mother's Maiden Name	Love
7. Mother's Birthplace	Richmond Va.
8. Full Name of Father	John A. Hill
9. Father's Occupation	Baggagemaster
10. Father's Birthplace	Philadelphia Pa.
Name of Medical Attendant, or other Person who makes this Return.	H. W. Webner M.D.
Address	298 W. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6086 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child.
1. *Sex,* (state whether male or female)	Female.
2. ~~*Race or Color,*~~ (if not of the white race)	9 January 1883.
3. *Date of Birth,*	
4. *Place of Birth,* (Street and Number)	No. 33. E. Fayette Street.
5. *Full Name of Mother,*	Margertha Ekkoff.
6. *Mother's Maiden Name,*	Margertha Henrich.
7. *Mother's Birthplace,*	Europa.
8. *Full Name of Father,*	John Peter Ekkoff.
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Europa.
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper.
Address,	No 42 E. Lombard St.
Remarks,	Seven Month Child dead. weakness. Woman.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 9th
4. *Place of Birth, (Street and Number)*	109 Pat. Park Ave.
5. *Full Name of Mother,*	Charlotte Johns Gorman
6. *Mother's Maiden Name,*	Kemp
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Edward Watson Gorman
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	C. P. Bruns M.D.
Address,	* 373 E. Balto. St.
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 10865

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jany 9. 1883.
4. *Place of Birth, (Street and Number)* 23 (Mansion) 2d st Baltocounty.
5. *Full Name of Mother,* Cornelia E Jones
6. *Mother's Maiden Name,* " " Lucas
7. *Mother's Birthplace,* newport
8. *Full Name of Father,* Wm Jones
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* md

Name of Medical Attendant, or other Person who makes this Return — G Lane Tanyhill MD

Address, 219 Madison ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ordinance of the Board of Health of the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 9th 1883
4. *Place of Birth, (Street and Number)* No 80 Grindell st
5. *Full Name of Mother,* Elisabeth Green
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Green
9. *Father's Occupation,* Labarer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J Lohwasser midwife

Address, 330 Hanover st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 13 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 9th 1883.
4. *Place of Birth, (Street and Number)* 313. Hoffman St
5. *Full Name of Mother,* Josaphine Tillery
6. *Mother's Maiden Name,* Josaphine Boyce
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Tillery
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Norman F Hill M.D.

Address, Cor Calhoun & Fayette 25

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	~~fem~~ Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 9th 1883
4. *Place of Birth, (Street and Number)*	477 N. Fremont St
5. *Full Name of Mother,*	Serena Jane Cameron
6. *Mother's Maiden Name,*	Mackey
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	B. F. Cameron
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	431 Penna. Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 January
4. *Place of Birth, (Street and Number)* S. E. Cor. Biddle and Wolf St.
5. *Full Name of Mother,* Ella Burkhardt
6. *Mother's Maiden Name,* " Hübner
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Henry Burkhardt
9. *Father's Occupation,* cigar maker
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulrich

Address, 48 Holland St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	6. Child
1. *Sex.* (*state whether male or female*)	male.
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	Janry. 10th, 1890.
4. *Place of Birth,* (*Street and Number*)	No 17 Bond St.
5. *Full Name of Mother*	Julia Griffin
6. *Mother's Maiden Name,*	Fitzgerald
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	Martin Griffin.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return	Anne Sinclair
Address,	No 15 S. Monroe St
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

60871

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

151
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 10th 1882
4. *Place of Birth (Street and Number)* 27. North Wolf
5. *Full Name of Mother* Sadie Ann McClelland
6. *Mother's Maiden Name* " " Meyers
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Robert John McClelland
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. City Lockman

Address 25 [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 10th 1893
4. *Place of Birth, (Street and Number)*	59 East St
5. *Full Name of Mother,*	Mary Burke
6. *Mother's Maiden Name,*	Mary Burke
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	5' Farrest St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 of Janu. 1883
4. *Place of Birth, (Street and Number)* 896 W. Pratt St.
5. *Full Name of Mother,* Maggie Loos
6. *Mother's Maiden Name,* M. Comminger
7. *Mother's Birthplace,* State of Maryland
8. *Full Name of Father,* Lorenz Loos
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return Mr. Miller

Address, 1017 W. Pratt St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Form of Return of Births to Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60874

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	3rd
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Jan. 10th 1883
4. *Place of Birth,* (*Street and Number*)	Baltimore Hollins st. No. 103
5. *Full Name of Mother,*	Annie Ford.
6. *Mother's Maiden Name,*	" Rooney
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	William Ford.
9. *Father's Occupation,*	Watchman
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 58 Parkin st.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 10th 1883
4. *Place of Birth, (Street and Number)*	Baltimore Burgundy st.
5. *Full Name of Mother,*	Ida. Davis
6. *Mother's Maiden Name,*	" Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Davis
9. *Father's Occupation,*	Huxster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C Mitchell
Address,	No 538 Parkin st.
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jany 10th 1883
4. *Place of Birth, (Street and Number)*	38 S. Ann St.
5. *Full Name of Mother*	Maggie Bayne
6. *Mother's Maiden Name*	Maggie Lastner
7. *Mother's Birthplace*	Baltimore City Md.
8. *Full Name of Father*	Wm. Bayne
9. *Father's Occupation*	Hotel Keeper
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	J. Bacon
Address	N. E. Cor Arlington ave. & Mosher St
Remarks	

RETURN OF A BIRTH 60877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10 1883
4. *Place of Birth, (Street and Number)* 124 Castle St
5. *Full Name of Mother,* Bonnie Farry
6. *Mother's Maiden Name,* Ann Dougherty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Farry
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chester

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

60878

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 16 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth January 10
4. Place of Birth (Street and Number) 98 Broadway
5. Full Name of Mother gertrude ruppert
6. Mother's Maiden Name = = butler
7. Mother's Birthplace baltimore
8. Full Name of Father gorge ruppert
9. Father's Occupation Picture frame & manufacturer
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. mary Partner

Address 59 madera al

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* females
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 10 1885
4. *Place of Birth, (Street and Number)* Parish st No 2
5. *Full Name of Mother,* Mary C Jones
6. *Mother's Maiden Name,* Mary C Ehany
7. *Mother's Birthplace,* Prince georges Co Md
8. *Full Name of Father,* Thomas Ehany
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, 792 Druid

Remarks.

JAN 16 1885

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10th 1883
4. *Place of Birth, (Street and Number)*	No. 145 Stirling St.
5. *Full Name of Mother,*	Augusta Miller
6. *Mother's Maiden Name,*	Augusta Sandruzzy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Miller
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. J. Butt.
Address,	No. 185 S.E. cor Central av & Monument St.
Remarks,	All Well.

J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) No. 6

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 10 day of January 1883
4. *Place of Birth*, (*Street and Number*) 590 Sharpford Av
5. *Full Name of Mother*, Anna Lukens
6. *Mother's Maiden Name*, Anna Cruckley
7. *Mother's Birthplace*, Baltimore city
8. *Full Name of Father*, John Lukens
9. *Father's Occupation*, Machine Agent
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Jane E. Barless

Address, No 386 Sharpford Av

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10th 1883 11 am
4. Place of Birth, (Street and Number) Maternite Hospt 161 W. Lombard
5. Full Name of Mother, Annie Hill
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Virginia
8. Full Name of Father, [illegible]
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return W P M Intosh Res Phy

Address, Maternite Hospt 161 W Lombard St

Remarks, Illegitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

10883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan. 10 - 83
4. *Place of Birth (Street and Number)* 373 E. Lombard
5. *Full Name of Mother* Theresa Alice White
6. *Mother's Maiden Name* " " Bozmann
7. *Mother's Birthplace* Dames quarter Somerset Co Md
8. *Full Name of Father* Daniel White
9. *Father's Occupation* Dredger
10. *Father's Birthplace* Dames quarter Somerset Co. Md

Name of Medical Attendant, or other Person who makes this return P. L. Dausch

Address 3 N. Bway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60804

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 29 1888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Boy Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 10
4. *Place of Birth, (Street and Number)* 124 Boyd St
5. *Full Name of Mother,* Anna Scott
6. *Mother's Maiden Name,* Anna George
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm Scott
9. *Father's Occupation,* Whitewasher
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Anna Cornish

Address, 34 Boyd Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60885

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 January 1883
4. *Place of Birth, (Street and Number)* No 230 Light St
5. *Full Name of Mother,* Kate Smith
6. *Mother's Maiden Name,* Kate Bosk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benard Schmitt
9. *Father's Occupation,* Sadler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Saline Quishabe

Address, No 128 West St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60886

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 21 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Jan. 10 - 83.
4. *Place of Birth, (Street and Number)* 121 Chestnut Alley.
5. *Full Name of Mother,* Mary Butler.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Mass
8. *Full Name of Father,* Richard Butler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Mass.

Name of Medical Attendant, or other Person who makes this Return: Mary R. Owen.

Address, 126 N. Eutaw St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60889

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10th 1883
4. *Place of Birth, (Street and Number)*	#201 S. Wolf St.
5. *Full Name of Mother,*	Anna Kerschke
6. *Mother's Maiden Name,*	Kenski
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Kerschke
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafft
Address,	206 Canton ave
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 1883
4. *Place of Birth, (Street and Number)* 175 E. Monument St.
5. *Full Name of Mother,* Minnie Hyen
6. *Mother's Maiden Name,* Bitter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Hyen
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return S. W. Seldner M.D.

Address, S. E. Cor. Eager & Caroline Sts.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60889

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 1889

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 6

1. *Sex,* (*state whether male or female*) F Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* January 15. 1889
4. *Place of Birth,* (*Street and Number*) 107 N dallas st
5. *Full Name of Mother.* Martha Mason
6. *Mother's Maiden Name,* Martha Lewis
7. *Mother's Birthplace,* Accomac Co Virginia
8. *Full Name of Father.* Joe Mason
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Anna Thurston

Address, 122 N dallas st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th Jan.
4. *Place of Birth, (Street and Number)* 239 E. Pratt St.
5. *Full Name of Mother,* Rhoda Elizabeth Green
6. *Mother's Maiden Name,* League
7. *Mother's Birthplace,* Balto. Co. Md.
8. *Full Name of Father,* Charles Wesley Green
9. *Father's Occupation,* Rail road Engineer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return E. P. Irons M.D.

Address, 375 E. Balto. St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan. 19 th 1883
4. *Place of Birth, (Street and Number)*	No 46 James alley
5. *Full Name of Mother,*	Margaretta Hamel
6. *Mother's Maiden Name,*	Motzman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam Hamel
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Schwasser Midwife
Address,	330 Hanover st
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 10 th 1883
4. *Place of Birth, (Street and Number)*	54 corner Light and Barney
5. *Full Name of Mother,*	Catharine Vaupel
6. *Mother's Maiden Name,*	Sheppeck
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Vaupel
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lohoasser and wife
Address,	330 Hanover st.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5th

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, January 16th 1883
4. *Place of Birth*, (*Street and Number*) No 273 S. Dallas st
5. *Full Name of Mother*. Maggerett Resh
6. *Mother's Maiden Name*, " Sons
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*. Charles Resh
9. *Father's Occupation*, Excavator
10. *Father's Birthplace*. Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 S Bank st

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 10th 1883
4. *Place of Birth, (Street and Number)* 139 Madeira Alley
5. *Full Name of Mother,* Maggerith Neary
6. *Mother's Maiden Name,* " Muldoon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Neary
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 128 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10 1883
4. *Place of Birth, (Street and Number)* 1 Chesnut aly
5. *Full Name of Mother,* Emelia Y
6. *Mother's Maiden Name,* Emelia Ficke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,* Drum maker
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return Mrs A Mesenzehl

Address, 845 Penna ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 60896

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex (~~state whether Male or~~ Female)* ✓
2. *Race or ~~Color (if not of the~~ white race)*
3. *Date of Birth* 1st month 10th Day 1893
4. *Place of Birth (Street and Number)* 58 East Chase
5. *Full Name of Mother* Victorine Pauline Richardson
6. *Mother's Maiden Name* " " Jackins.
7. *Mother's Birthplace* Balto County.
8. *Full Name of Father* Henry D. Richardson
9. *Father's Occupation* Train dispatcher N C R R
10. *Father's Birthplace* Balto County

Name of Medical Attendant, or other Person who makes this Return. Irving Miller M. D.

Address No. 179 East Monument Street.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 21 1933

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Sixth Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 11 of January
4. *Place of Birth,* (*Street and Number*) No 9 New St
5. *Full Name of Mother,* Mrs Robert Schieve
6. *Mother's Maiden Name,* Mrs Robert Braun
7. *Mother's Birthplace,* York Pennsylvania
8. *Full Name of Father,* Lewis Schieve
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. ~~Miss~~ Ida Fadler

Address, No 4 New St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

60898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*)	5th
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Jan. 11th 1883
4. *Place of Birth,* (*Street and Number*)	198 Henrietta st
5. *Full Name of Mother.*	Carolin Moog
6. *Mother's Maiden Name.*	" Adelmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Moog
9. *Father's Occupation,*	Blacksmithing
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	O. L. Buddenbohn M. D.
Address,	166 S. Paca St.
Remarks,	

JAN 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60899

over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether male or female) Name Francis Xavier Bushman Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jany. 11th
4. Place of Birth, (Street and Number) 268 Argyle ave
5. Full Name of Mother Mary Josephine Bushman
6. Mother's Maiden Name Mary Josephine Norbeck
7. Mother's Birthplace Alegheny Penna
8. Full Name of Father John Henry Bushman
9. Father's Occupation Commercial Traveller
10. Father's Birthplace Alegheny Penna

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address N. E. Cor Arlington ave. & Mosher St

Remarks

[illegible] any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60900

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11th 1883
4. *Place of Birth, (Street and Number)* 165 Thames st
5. *Full Name of Mother,* Louisa Price
6. *Mother's Maiden Name,* " Schultz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Price
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55 S. Bond st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60901

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11th 1883
4. *Place of Birth, (Street and Number)* 242 Montgomery
5. *Full Name of Mother,* Mary Listmann
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Valentin Listmann
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Gombel M.D.

Address, 170 S. Sharp St

Remarks, Lateral presentation, version

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 18 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11th 1883
4. *Place of Birth, (Street and Number)* Pratt st N 719
5. *Full Name of Mother,* Adda Park
6. *Mother's Maiden Name,* Adda Emmert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Park
9. *Father's Occupation,* Truck Driver
10. *Father's Birthplace,* Maryland Dill

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, 792 Pratt st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 11 - 1883
4. *Place of Birth, (Street and Number)*	No 171 N Eutaw St
5. *Full Name of Mother,*	Lawrence H. Jarboe
6. *Mother's Maiden Name,*	Florence H. Nash
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Franklin J Jarboe
9. *Father's Occupation,*	Coach Painter
10. *Father's Birthplace.*	Washington
Name of Medical Attendant, or other Person who makes this Return	Mary A Atwell
Address,	286 McDonogh st
Remarks,	

JAN 16 1883

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Fifth (5,)
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	No 41. Abbott Str
4. *Place of Birth.* (*Street and Number*)	Jany 11th 1883,
5. *Full Name of Mother.*	Marie Škárda
6. *Mother's Maiden Name.*	" Rada,
7. *Mother's Birthplace.*	Mislív Bohemia
8. *Full Name of Father.*	Václav Rada
9. *Father's Occupation.*	Labor
10. *Father's Birthplace.*	Voprechtic, Bohemia,
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address.	No 20, Barnes Str
Remarks.	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60905

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

Sex (state whether male or female) Female

Race or Color (if not of the white race) White

Date of Birth the 11 January

Place of Birth (Street and Number) 621 West Pratt st

Full Name of Mother Ella E. Daugherty

Mother's Maiden Name Ella E. McKelvey

Mother's Birthplace Baltimore

Full Name of Father William H. Daugherty Jr

Father's Occupation Clerk

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Gallmore

Address 621 West Pratt st

Remarks

RETURN OF A BIRTH 60906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 16 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 11th 1883
4. *Place of Birth, (Street and Number)* No 171 Wilmore Alley
5. *Full Name of Mother,* Katie Ackerman
6. *Mother's Maiden Name,* " Schaumloffle
7. *Mother's Birthplace,* Bruison
8. *Full Name of Father,* Herman Ackerman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Bruison

Name of Medical Attendant, or other Person who makes this Return Mrs E. Schmitt

Address, No 348 Sarna Avenue

Remarks,

within six day ..., stating ... born, its or their physical condition, whether still-born ... of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex,* (state whether male or female) male
2. *Race or Color,* (if not of the white race) Colard
3. *Date of Birth,* 11 January 1883
4. *Place of Birth,* (Street and Number) Bethel Street Alley
5. *Full Name of Mother,* Lizzie Billups
6. *Mother's Maiden Name,* Lizzie Cottes
7. *Mother's Birthplace,* [redacted] Baltimore Md
8. *Full Name of Father,* Alick Billups
9. *Father's Occupation,* Gator
10. *Father's Birthplace,* Mathews County Virginia

Name of Medical Attendant, or other Person who makes this Return Geo Wilkes

Address, Inman Alley No. 16

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

10908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	January 11th 1883.
4. Place of Birth (Street and Number)	134 Franklin st
5. Full Name of Mother	Carrie Ada Bryant.
6. Mother's Maiden Name	Carrie Ada Christhilf, Baltimore
7. Mother's Birthplace	
8. Full Name of Father	George A Bryant.
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	John S Pennington M.D.
Address	134 N Carrollton ave
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 6-2-53

RETURN OF A BIRTH 60909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Nellie B. Hutchings

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	11 January 1883
4. *Place of Birth, (Street and Number)*	125 Baltimore street
5. *Full Name of Mother,*	Ida (~~Hutchins~~) Hutchings
6. *Mother's Maiden Name,*	Bosswell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward (~~Hutchins~~) Hutchings
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	726 E. Lombard street
Remarks,	

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6091a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11 1883
4. *Place of Birth, (Street and Number)* 33 Church St
5. *Full Name of Mother,* Anna Oaks
6. *Mother's Maiden Name,* Anna Leas
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Capt. John Oaks
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other Person who makes this Return — H. B. Noble, M.D.

Address, 50 Warren Av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 60911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th Jan 1883
4. *Place of Birth, (Street and Number)* Balto, S. W. cor of Jefferson and Washington sts
5. *Full Name of Mother,* Mary Kochi Koči
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Kochi Koči
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Dolphin

Address, 69 N. Washington St

Remarks,

Mary Kochin

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 25 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 & 8

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 12 1883
4. *Place of Birth (Street and Number)* 62 Thames st
5. *Full Name of Mother* Catherine Sherman
6. *Mother's Maiden Name* Catherine Bahr
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Sherman
9. *Father's Occupation* Farm Keeper
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address care of Child Charles Henry Sherman

Remarks

RETURN OF A BIRTH.

0912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 20 1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany 12th 93
4. Place of Birth (Street and Number)	207 Park Ave
5. Full Name of Mother	Catherine Mullen
6. Mother's Maiden Name	Reardon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thos Mullen Jr
9. Father's Occupation	Horse Racer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. J. Lindsay M.D.
Address	167 Park Ave
Remarks	

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Missing

60914

RETURN OF A BIRTH 60915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Brown Skin
3. *Date of Birth,*	Jan 12th 1883
4. *Place of Birth, (Street and Number)*	No 140 S. Dallas St
5. *Full Name of Mother,*	Hattie Moore Harris
6. *Mother's Maiden Name,*	" " Moore
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Harris
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louisa Seaton
Address,	
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 3 3

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* June 12th 183
4. *Place of Birth,* (*Street and Number*) Eutaw St No 285
5. *Full Name of Mother,* Mary Denest
6. *Mother's Maiden Name,* Adell Blake
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Denest
9. *Father's Occupation,* Wagon-near
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Lucy Cornish

Address, No 13 Gouden Alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child 8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 of January 1883
4. *Place of Birth, (Street and Number)*	15 Bank st
5. *Full Name of Mother,*	Rosey Cayn
6. *Mother's Maiden Name,*	~~McKenna~~ Mc Renna
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Patrick Cayn
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace*	Orland
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park Av.
Remarks,	

O. DUGANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 12th 1883
4. *Place of Birth, (Street and Number)*	37 Cambridge
5. *Full Name of Mother,*	Emma C. Caulk
6. *Mother's Maiden Name,*	Emma C Armstrong
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William F Caulk
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary
Address,	No 12 Patterson Park
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 19 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 12 January
4. *Place of Birth, (Street and Number)* 54 ~~Hug~~ Mulligan
5. *Full Name of Mother,* Mary Brady
6. *Mother's Maiden Name,* " Henson
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Wesley Brady
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulrig

Address, 48 Holland St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60920

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 January
4. *Place of Birth, (Street and Number)* 45 Jackson St.
5. *Full Name of Mother,* Emilia Miller
6. *Mother's Maiden Name,* Benning
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Pete Miller
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mrs Rosa Illig

Address, 47 Holland — Balt. Md.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

60921

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 18 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* January 12
4. *Place of Birth (Street and Number)* 58 chester st
5. *Full Name of Mother* clarze hinkel
6. *Mother's Maiden Name* — — frantz
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* frid hinkel
9. *Father's Occupation* cave conductor
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Dertner

Address 59 madera al

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60922

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* born on the 12th January 1883
4. *Place of Birth, (Street and Number)* Bethel Street No. 131
5. *Full Name of Mother,* Ellin [illegible] Robins
6. *Mother's Maiden Name,* Ellin Miller
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Robert Robins
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Nou Hill M.D.

Name of Medical Attendant, or other Person who makes this Return Lear. Warker

Address, Duncan. Allie. No 15

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60923

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colorde
3. Date of Birth, Jan. 12 1893
4. Place of Birth, (Street and Number) 98 Rose St
5. Full Name of Mother, Mrs Emma Nash
6. Mother's Maiden Name, Emma Green
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, Dorsey Nash
9. Father's Occupation, coachman
10. Father's Birthplace, Anaplis Md

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Johnson

Address, 94 Tyson St

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12. th. 1883.
4. *Place of Birth, (Street and Number)* No. 9 McCubbin St.
5. *Full Name of Mother,* Annie Martin
6. *Mother's Maiden Name,* Annie Grub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fallin Martin
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt

Address, No. 185 S. E. cor Centre av & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60925

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 12 '83
4. *Place of Birth, (Street and Number)* S. Register St. 18
5. *Full Name of Mother,* Margaretha Wernsdorfer
6. *Mother's Maiden Name,* Scharold
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Joh. Wernsdorfer
9. *Father's Occupation,* Basketmaker
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mr. Joh. Raubach

Address, S. Wolfstr. 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 60926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12th 1883
4. *Place of Birth, (Street and Number)*	87 Gruman Ave
5. *Full Name of Mother,*	Christina Cullen
6. *Mother's Maiden Name,*	Montgomery
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Charles Cullen
9. *Father's Occupation,*	Horse Shoer
10. *Father's Birthplace,*	Balto. Md
Name of Medical Attendant, or other Person who makes this Return	Silas N Hunter MD
Address,	36 Gruman Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

60927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child.

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Jan. 12th 1883
4. *Place of Birth (Street and Number)* 350 E. Fayette St
5. *Full Name of Mother* Cecilia Ellinghaus
6. *Mother's Maiden Name* Sauer
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Fred. Wm Ellinghaus
9. *Father's Occupation* Cutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 105 N. Central Ave.

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60928

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Jany 12 - 1883
4. *Place of Birth,* (*Street and Number*) 8 E. Lambert St.
5. *Full Name of Mother,* Lizze Doenges
6. *Mother's Maiden Name,* Urban
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrik Doenges
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 60929

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan. 12th 1883
4. *Place of Birth, (Street and Number)* McKim & Eager Sts
5. *Full Name of Mother* Elizabeth C. Holterick
6. *Mother's Maiden Name* " " Sumner
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Gustavus Holterick
9. *Father's Occupation* Druggist & Pharmacist
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Edward R. Mc Dowell

Address 54 Aisquith St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 5th "

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Jany 12/83
4. *Place of Birth,* (*Street and Number*) Baker St. 2nd house W of Pa Ave
5. *Full Name of Mother,* Mary E Deeman
6. *Mother's Maiden Name,* Mary E. Ruhl
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John L. Deeman
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J. G. Miller M.D.

Address, 188 Franklin St.

Remarks,

© JULIANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Fourth (4th)
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	June 12th 1883
4. *Place of Birth*, (*Street and Number*)	Cor Front & Miller sts.
5. *Full Name of Mother*,	Susan Roddy
6. *Mother's Maiden Name*,	" Lally
7. *Mother's Birthplace*,	Ireland
8. *Full Name of Father*,	Bernard Roddy
9. *Father's Occupation*,	Barkeeper
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Regina A. Winder
Address,	186 Harford Ave
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 30932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 12 1880
4. *Place of Birth, (Street and Number)* 15 N. High
5. *Full Name of Mother,* Maggie O'Dea
6. *Mother's Maiden Name,* C. Welby
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael O'Dea
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. Stall M.D.

Address, 14 S. N. Eutaw

Remarks, L. A. I. A. — 18 hr — 1 hr

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4te Kind

1. *Sex*, (*state whether male or female*) Madchen
2. *Race or Color*, (*if not of the white race*) Weiß
3. *Date of Birth*, geboren den 12ten Januar
4. *Place of Birth*, (*Street and Number*) No 246 S. Dallas Str
5. *Full Name of Mother* Mary Romerling
6. *Mother's Maiden Name*, Mary Wolfesinger
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Friedrich Romerling
9. *Father's Occupation*, Handarbeiter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Lebanon

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3 ed Child

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Jan 12 th 1883
4. *Place of Birth*, (*Street and Number*) No 332 Hanover st.
5. *Full Name of Mother*, Caroline Rucke
6. *Mother's Maiden Name*, Grannemann
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Friedrich Rucke
9. *Father's Occupation*, Wheelright
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return J Johnasser midwife

Address, 330 Hanover st

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 12th 1883
4. *Place of Birth, (Street and Number)* No 193 S. Caroline St.
5. *Full Name of Mother,* Kate Keppler
6. *Mother's Maiden Name,* " Seager
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Keppler
9. *Father's Occupation,* Box maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return — Mrs Elizabeth Bolz

Address, 120 Bank St.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Jan 12th 83

4. Place of Birth (Street and Number) 276 E Madison St

5. Full Name of Mother Mary Ann Franty

6. Mother's Maiden Name Mary Ann Thompson

7. Mother's Birthplace Baltimore

8. Full Name of Father John L. Franty

9. Father's Occupation Cutter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Bolton M.D.

Address

Remarks S. E. Cor Gay & Caroline Sts

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 60927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	January 13th 83
4. Place of Birth (Street and Number)	62 Holliday St
5. Full Name of Mother	Alice Chapman
6. Mother's Maiden Name	Alice Dorsey
7. Mother's Birthplace	Balto City
8. Full Name of Father	Chas Chapman
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. G. Welch M.D.
Address	51 N Calvert St
Remarks	Balto Md

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of January 1883
4. *Place of Birth, (Street and Number)* No 228 Hanover St
5. *Full Name of Mother,* Becky Vogelson
6. *Mother's Maiden Name,* Becky Colwell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philiph Vogelson
9. *Father's Occupation,* Ship Carpinder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Grieshaber

Address, No 128 West St

Remarks, She Fell, 5 months Bally is Lead
Lived 5 minuits

© DULANY & CO., CITY PRINTERS AND STATIONERS

Peer

RETURN OF A BIRTH, 60939

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 17 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 13/83.
4. *Place of Birth, (Street and Number)* 32 Knox al.
5. *Full Name of Mother* Anna Meyer
6. *Mother's Maiden Name* Cordin
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Detrich Meyer
9. *Father's Occupation* Box Make
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. H. R. Fettenhoff M.D.

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 13th 1883

4. Place of Birth, (Street and Number) 13 Mullikin street Baltimore City Md

5. Full Name of Mother, Sarah Elizabeth Commons

6. Mother's Maiden Name, Sarah Elizabeth McLaughlin

7. Mother's Birthplace, Cambridge Dorchester county Md

8. Full Name of Father, Harrison Commons

9. Father's Occupation, Brickmaking and oyster shucker

10. Father's Birthplace, Easton Shore Talbot County Md

Name of Medical Attendant, or other Person who makes this Return Henrietta Glascoe

Address, ~~To the Board of Health Baltimore City Md.~~ McElderry st extended

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60941

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 13th 1893.
4. *Place of Birth, (Street and Number)* No 22 Walsh st.
5. *Full Name of Mother,* Maggie Schaltzley.
6. *Mother's Maiden Name,* " Whaner.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Andrew Schaltzley.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return E J Schmitt

Address, No 340 Aisquith st.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60942

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 13th Jan,
4. Place of Birth, (Street and Number) No 42 Shutes St
5. Full Name of Mother, Mary Willson
6. Mother's Maiden Name, Mary Reed
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Tony Willson
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, No 273 N. Chapel st

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

60943

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1883

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	1 st Child
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Jan 13 th 1883
4. *Place of Birth*, (*Street and Number*)	No 43 Leadenhall st.
5. *Full Name of Mother*,	Mary Bowman
6. *Mother's Maiden Name*,	Slattry
7. *Mother's Birthplace*,	America
8. *Full Name of Father*,	James Bowman
9. *Father's Occupation*,	Machinist
10. *Father's Birthplace*,	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohmaser midwife
Address,	330 Hanover st.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 January
4. *Place of Birth, (Street and Number)* 95 Orleans St.
5. *Full Name of Mother,* Sarah Butler
6. *Mother's Maiden Name,* " McGrady
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Wilian Butler
9. *Father's Occupation,* Cannmaker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulrey

Address, 48 Holland St

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

60945

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 13th 1883
4. Place of Birth (Street and Number)	231 Druid Hill Avenue
5. Full Name of Mother	Adelaide L. Hartman
6. Mother's Maiden Name	Adelaide L. Gourley
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry C. Hartman
9. Father's Occupation	Merchant
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	Jno. S. Lynch M.D.
Address	No. 1 S. Broadway
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 60946

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 13th 1853
4. *Place of Birth (Street and Number)* Charles St No 316
5. *Full Name of Mother* Fanny Wider
6. *Mother's Maiden Name* Fanny Walker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Walker
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary G. Anderson

Address No 2 Alys Alley

Remarks

RETURN OF A BIRTH, 60947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 18 1883

Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
(state whether male or female)	female
or Color, (if not of the white race)	white race
of Birth	january the 13th
of Birth, (Street and Number)	Baltimore Hill st No 5
Name of Mother	Emma v lambert
er's Maiden Name	Emma v neal
er's Birthplace	Dorchester Co Md
Name of Father	Eligha f lambert
er's Occupation	watermon
er's Birthplace	Dorchester Co Md
of Medical Attendant, or other Person who makes this Return.	Elisabeth Hathorn
ess	william st No 3074
arks	

RETURN OF A BIRTH 60948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 13th 1883
4. *Place of Birth, (Street and Number)*	No 46. Canal St.
5. *Full Name of Mother,*	Sarah Graham
6. *Mother's Maiden Name,*	Sarah Smith.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	W. T. Graham
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. S. Butt.
Address,	No. 185 S.E. cor. Central av. & Monument St.
Remarks,	Ale Mill

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FRANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 21 1883

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, Jan. 13-83.
4. Place of Birth, (Street and Number) W. & C. Hospital 126 N. Eutaw St.
5. Full Name of Mother, Lena Ribling
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father,
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return May R Owen.

Address, 126 N. Eutaw St.

Remarks,

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

60950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Joseph Benson Linthicum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, Jan: 13th 1883
4. *Place of Birth*, (Street and Number) No 208 Conway St.
5. *Full Name of Mother*, Frances Iola Genera Linthicum
6. *Mother's Maiden Name*, " " " Benson
7. *Mother's Birthplace*, Anne Arundel County Md.
8. *Full Name of Father*, Asa Shinn Linthicum
9. *Father's Occupation*, Produce Dealer.
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Pembroke M. Wamba M.D.

Address, No 205 N. Lombard St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jun 13th 1883
4. *Place of Birth, (Street and Number)*	52 Harford Ave
5. *Full Name of Mother,*	Margaret Thomas Egan
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	New York City
8. *Full Name of Father,*	R W Thomas
9. *Father's Occupation,*	Brakeman
10. *Father's Birthplace,*	Mathews Co Va
Name of Medical Attendant, or other Person who makes this Return	Regina A Winter
Address,	186 Harford Ave
Remarks,	

JULIANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Birth
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Weiß
3. *Date of Birth,*	13 Januar
4. *Place of Birth, (Street and Number)*	Kastelstraße № 67
5. *Full Name of Mother,*	Kathi Paulstich
6. *Mother's Maiden Name,*	" " Ellseser
7. *Mother's Birthplace,*	Asbach Baden
8. *Full Name of Father,*	Heinrich Paulstich
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Pelbek Baiern
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombardstreet № 248
Remarks,	Mrs Maurer

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 13th
4. *Place of Birth, (Street and Number)* No 572 S. Charles Str
5. *Full Name of Mother,* Catherine Muhly.
6. *Mother's Maiden Name,* " " Schwaab.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry A Muhly.
9. *Father's Occupation,* Cabinet Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Rath Münch

Address, 1 Leadenhall St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60954

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 14th 1883.
4. *Place of Birth, (Street and Number)*	382 S. Charles St.
5. *Full Name of Mother,*	Anna M. Doyle.
6. *Mother's Maiden Name,*	" " Kenney.
7. *Mother's Birthplace,*	Balto. City.
8. *Full Name of Father,*	Frank Doyle.
9. *Father's Occupation,*	Policeman.
10. *Father's Birthplace,*	Balto. City.
Name of Medical Attendant, or other Person who makes this Return	R. J. H. Tall. M.D.
Address,	152 Sharp St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 14
4. *Place of Birth, (Street and Number)*	119 E Madison St
5. *Full Name of Mother,*	Mary Horan
6. *Mother's Maiden Name,*	Mary Boyle
7. *Mother's Birthplace,*	Luzerne Co Pa
8. *Full Name of Father,*	John Horan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Co. Tipperary Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Horan
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 60956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st child

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, January 4th 1903
4. *Place of Birth*, (*Street and Number*) N. Fremont Ave
5. *Full Name of Mother*, Eliz Curtis
6. *Mother's Maiden Name*, Eliz Jackson
7. *Mother's Birthplace*, Balto City
8. *Full Name of Father*, Richard Curtis
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return Harry E. Müller

Address, 1 Patterson Pl.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

60957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 14th 1883
4. *Place of Birth, (Street and Number)* x 109 N Central Av
5. *Full Name of Mother,* Margt Greenwood
6. *Mother's Maiden Name,* Margt Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Greenwood
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Samil E. Powell MD

Address, x 29 Arsquith Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

60958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1883

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	5te Child
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Januar 14th 1883
4. *Place of Birth*, (*Street and Number*)	No 160 Myrtel Street
5. *Full Name of Mother*	Bertha Meislahn
6. *Mother's Maiden Name*,	Torke
7. *Mother's Birthplace*,	Prussia
8. *Full Name of Father*,	Charles Meislahn
9. *Father's Occupation*,	~~Pitcher maker~~ fine Stone cutter
10. *Father's Birthplace*,	Hannover
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Vroh
Address,	No 328 S Eutaw St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 14th 1883.
4. *Place of Birth, (Street and Number)* Belair Avenue
5. *Full Name of Mother,* Margaretha Enders
6. *Mother's Maiden Name,* Margaretha Ringler
7. *Mother's Birthplace,* Lauter Bavaria
8. *Full Name of Father,* George Enders
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Lauter Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 4-12-55

RETURN OF A BIRTH.

60960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1883

Nellie Lee Morgan

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	female
2. *Race or Color* (if not of the white race)	W
3. *Date of Birth*	14 Jany 1883
4. *Place of Birth* (Street and Number)	6 Hill St
5. *Full Name of Mother*	Virginia A Morgan
6. *Mother's Maiden Name*	" " Pusey
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Wm J Morgan
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	A.W. Dodge
Address	
Remarks	

RETURN OF A BIRTH 60961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 January
4. *Place of Birth, (Street and Number)* 940 Eager Street
5. *Full Name of Mother,* Marie A Martin
6. *Mother's Maiden Name,* Mc Donalen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Martin
9. *Father's Occupation,* blacksmith
10. *Father's Birthplace,* York county Pa.

Name of Medical Attendant, or other Person who makes this Return Chas E Walker

Address, 239 E Eager Street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 14. of Jan
4. *Place of Birth, (Street and Number)* No 2.69, Eager St
5. *Full Name of Mother,* Soppia Geiling
6. *Mother's Maiden Name,* Soppia Heanning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sylan Heaning
9. *Father's Occupation,* Sealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Cristina Lauer

Remarks, 177 Harper ave 1889

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

60963

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 16 1883

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 4th

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* January 14th/83.
4. *Place of Birth (Street and Number)* 110 S. Fulton Ave.
5. *Full Name of Mother* Ida M. Welsh.
6. *Mother's Maiden Name* Ida M. Loane.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Randolph G. Welsh.
9. *Father's Occupation* Keeper of Union Square.
10. *Father's Birthplace* Anne Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Krozer, Ind.

Address " " "

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	14 January
4. *Place of Birth, (Street and Number)*	147 S. Eden street
5. *Full Name of Mother,*	Augusta Warn
6. *Mother's Maiden Name,*	Will
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Warn
9. *Father's Occupation,*	Ice driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	720 E. Lombard street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 January
4. *Place of Birth, (Street and Number)* 26 Fond street
5. *Full Name of Mother,* Emila Winslaugh
6. *Mother's Maiden Name,* Tyler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Winslaugh
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Carter

Address, 128. Lombard street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 January
4. *Place of Birth, (Street and Number)* 75 S. High
5. *Full Name of Mother,* Laura Gartner
6. *Mother's Maiden Name,* Erlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Gartner
9. *Father's Occupation,* Engineer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 728 S. Lombard street

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-29-54

RETURN OF A BIRTH.

6967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

John Pentz

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 14th 1883.
4. Place of Birth (Street and Number)	210 N. Gilmor St.
5. Full Name of Mother	Mary B. Pentz.
6. Mother's Maiden Name	" Boteler.
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	J. J. Pentz
9. Father's Occupation	Book-keeper.
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	W. H. B. Sellman M. D.
Address	Cor. Carrollton Ave. & Lanvale St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 14 - 1883
4. Place of Birth (Street and Number)	S.E. Cor Lafayette ave & Stricker
5. Full Name of Mother	Maggie Horn
6. Mother's Maiden Name	M — Black
7. Mother's Birthplace	Maryland
8. Full Name of Father	George L. Horn
9. Father's Occupation	Druggist
10. Father's Birthplace	Md -
Name of Medical Attendant, or other Person who makes this Return.	John D. King, M.D.
Address	215 N. Carrollton
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

60769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 14 83.
4. Place of Birth, (Street and Number) N. Burnham st. 22
5. Full Name of Mother, Kunigunde Lechstein
6. Mother's Maiden Name, Einwich
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Wolfgang Lechstein
9. Father's Occupation, Wirftworker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Fr. Baubach

Address, J. Wolf St. 14

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 60970

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* January 4th 1883
4. *Place of Birth, (Street and Number)* 4 Holliday St
5. *Full Name of Mother* Susanna McDonald
6. *Mother's Maiden Name* Hand
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Thomas F. McDonald
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edward Philbrook

Address 52 Aisquith St

Remarks

RETURN OF A BIRTH. 60971

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 9 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) American
3. *Date of Birth* January 14, 1883.
4. *Place of Birth* (Street and Number) Wilkins St.
5. *Full Name of Mother* Mary Shaefer.
6. *Mother's Maiden Name* Mary Brown.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Shaefer.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. G. Smithcum M.D.

Address 584 W. Fayette St.

Remarks

RETURN OF A BIRTH, 60972

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*~~, *&c.*) _____

1. *Sex* (*state whether male or* ~~*female*~~) _____
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth* January 14 1883
4. *Place of Birth*, (*Street and Number*) No 145 Mulberry St
5. *Full Name of Mother* Priscilla Fuller
6. *Mother's Maiden Name* Priscilla Berland
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jerrage Fuller
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Latham M D

Address 23 Franklin St

Remarks _____

RETURN OF A BIRTH 60973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 6th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* January 14th 1883
4. *Place of Birth,* (*Street and Number*) No 1 Eden Court
5. *Full Name of Mother,* Rosana Finney
6. *Mother's Maiden Name,* Dubb
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Peter Finney
9. *Father's Occupation,* Ship carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Tebb

Address, 102 Bank St

Remarks,

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Janu 14, 1883.

4. Place of Birth, (Street and Number) 41 N. Fulton Ave.

5. Full Name of Mother, Lula Kate Roberts

6. Mother's Maiden Name, — — Harmon,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas E. Roberts.

9. Father's Occupation, R.R. Baggage Master.

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return George H. Rohé, M.D.

Address, 95 Park ave.

Remarks,

FEB 3 1883

JULIANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 10975

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th 1883
4. *Place of Birth, (Street and Number)*	Pratt st N° 501
5. *Full Name of Mother,*	Elizzabeth Shanahan
6. *Mother's Maiden Name,*	Elizzabeth Mc Glocklen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John T Shanahan
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs T Bailey
Address,	797 Pratt st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 15th 1883
4. *Place of Birth, (Street and Number)* 137 Bolton St
5. *Full Name of Mother,* Sallie S. Gould
6. *Mother's Maiden Name,* Sallie S. Powell
7. *Mother's Birthplace,* Massachusetts
8. *Full Name of Father,* William K. H. W. Gould
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address, 146 Hanover St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-27-55

RETURN OF A BIRTH

60977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Henry Lucas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 15 1883
4. Place of Birth, (Street and Number) 190 Franklin St
5. Full Name of Mother, Mary H Lucas
6. Mother's Maiden Name, Mary H. Bailey
7. Mother's Birthplace, Virginia
8. Full Name of Father, J. H. Lucas
9. Father's Occupation, Salesman (Notions)
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address, 140 Hanover St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 391 Burgunder Alley
4. *Place of Birth, (Street and Number)* Januar 15 – 1883.
5. *Full Name of Mother,* Anna Denneger
6. *Mother's Maiden Name,* Anna Leonhard
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Denneger
9. *Father's Occupation,* Furnishing wagon Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Kuniquinda Ehlifer

Address, 20 Columbia Ao.

Remarks,

"Your any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 80779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 15 1863
4. *Place of Birth, (Street and Number)*	12th S Augusta St
5. *Full Name of Mother,*	Eliz Stehr
6. *Mother's Maiden Name,*	Eliz Kirk
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jno B Stehr
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Jno
Address,	193 Exeter St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60980

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN 16 1883
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, Janry 15th
4. Place of Birth, (Street and Number) No 230 Wolf St
5. Full Name of Mother, Georgiana Garrison
6. Mother's Maiden Name, Georgiana Gant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Garrison
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Thos J Simms M.D.

Address,

Remarks,

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

BULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 der Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 15, 1883.
4. *Place of Birth, (Street and Number)* Eastern Av. No 110.
5. *Full Name of Mother,* Mary Mepp.
6. *Mother's Maiden Name,* Mary Humpner
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Leonhard Mepp.
9. *Father's Occupation,* Potter
10. *Father's Birthplace.* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1 Dallas St. No 26.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 January 1883
4. Place of Birth, (Street and Number) 199 Boston St.
5. Full Name of Mother, Mary Stockman
6. Mother's Maiden Name, Colluck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stockman
9. Father's Occupation, Engineer
10. Father's Birthplace, Philadelpia

Name of Medical Attendant, or other Person who makes this Return Mar Wiley

Address, No 12 patterson park ave

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6983

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 15th 1883
4. Place of Birth (Street and Number)	1115 S. Sticker Street
5. Full Name of Mother	Celia O'Kelly
6. Mother's Maiden Name	Celia King
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John O'Kelly
9. Father's Occupation	Grain Weigher.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary Kraning
Address	
Remarks	

RETURN OF A BIRTH 60984

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 15th 1913
4. *Place of Birth, (Street and Number)* 178 Lemmond alley
5. *Full Name of Mother,* Emma Washington
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Norfolk Virginia
8. *Full Name of Father,* Jeremiah Washington
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Norfolk Virginia

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy alley

Remarks,

"Every midwife, physician, coroner, and other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 17 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* No 4 Whatcoat st
4. *Place of Birth, (Street and Number)* Jan 15th, 1883.
5. *Full Name of Mother,* Minnie Weller.
6. *Mother's Maiden Name,* Minnie Schwartz.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Philip Weller.
9. *Father's Occupation,* Carpent
10. *Father's Birthplace.* Baltimore.

Name of Medical Attendant, or other Person who makes this Return E. Schmitt

Address, No 348 Penna Ave

Remarks,

"Post any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of January
4. *Place of Birth, (Street and Number)* 378 N. Broadway
5. *Full Name of Mother* Mary M. Grimm
6. *Mother's Maiden Name,* Mary M. Parr
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George J. Grimm
9. *Father's Occupation,* Reporter "Day"
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~5~~ 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 January
4. Place of Birth, (Street and Number) 104 Bond St.
5. Full Name of Mother, Carrie Schwieger
6. Mother's Maiden Name, " Harmon
7. Mother's Birthplace, Prusia
8. Full Name of Father, Joh Schwieger
9. Father's Occupation, Tailor
10. Father's Birthplace, Hunstadt

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Albig

Address, 48 Holland St

Remarks,

JAN 19 1893

"Every physician, accoucheur, marwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 15 of Jan
4. *Place of Birth, (Street and Number)* No 212 Harfer eru
5. *Full Name of Mother,* Mary Tillaman
6. *Mother's Maiden Name,* Mary Shulz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schulz
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Germany,

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Cristina Lauer

Remarks, 173 Harfert eru 1883

"Have any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 January 1889
4. Place of Birth, (Street and Number) 82 Orleans St
5. Full Name of Mother, Katie Friedrich
6. Mother's Maiden Name, Peters
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Henry Friedrich
9. Father's Occupation, Baker
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland St

Remarks, please send Mrs Rosa Ulbig some Envelopes

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 16 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 15 January 1883
4. *Place of Birth, (Street and Number)* No 11 Randall st
5. *Full Name of Mother* Jinny Baylies
6. *Mother's Maiden Name* Jinny Green
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Baylies
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennessy

Address No 18 Byrd st

Remarks

RETURN OF A BIRTH.

60991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 16 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Jan 15th 1883
4. Place of Birth (Street and Number) 3 E. S. Dallas
5. Full Name of Mother Caroline ~~Caroline~~ Griffin
6. Mother's Maiden Name Caroline Collins
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Griffin
9. Father's Occupation Hostler
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm N. Hill Md.

Address 196 E. Baltimore

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 60992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: John William Franklin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, January 15th 1883.
4. *Place of Birth*, (Street and Number) No. 211 Low St.
5. *Full Name of Mother*, Lizzie Franklin
6. *Mother's Maiden Name*, Lizzie Veitz
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Th. Franklin
9. *Father's Occupation*, Virginia Sergeant
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. F. Butt.

Address, No. 185 S.E. cor. Central av. & Monument St.

Remarks, All Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KELLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 15th of January

4. *Place of Birth, (Street and Number)* 11 Federal St

5. *Full Name of Mother,* Mary Taylor

6. *Mother's Maiden Name,* " Stuart

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Taylor

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 369 Eastern Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60994

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 1883
4. *Place of Birth, (Street and Number)*	#357 W. Lay St.
5. *Full Name of Mother,*	Maggie A. Weltzel
6. *Mother's Maiden Name,*	Gaskins
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Weltzel
9. *Father's Occupation,*	Clerk & Book-keeper
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dora Weltzel
Address,	#182 E. Monument St.
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...EY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 15/82
4. *Place of Birth, (Street and Number)* 152 Hollins St
5. *Full Name of Mother,* Agnes Wilson
6. *Mother's Maiden Name,* Agnes Dorsey
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Allen Wilson
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return H. L. Shearton

Address, 387 W Lombard St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60996

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ond.
1. *Sex, (state whether male or female)*	Mald
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 15th 1883.
4. *Place of Birth, (Street and Number)*	110 N. Eden St.
5. *Full Name of Mother,*	May E. Foster
6. *Mother's Maiden Name,*	May E. King
7. *Mother's Birthplace,*	Balto Co Md
8. *Full Name of Father,*	John Foster
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore Co. Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	25 1/2 Greenmount Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 60997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	/
3. *Date of Birth,*	January 15th 1893
4. *Place of Birth, (Street and Number)*	No 163 S. Register
5. *Full Name of Mother*	Mary Greif.
6. *Mother's Maiden Name,*	" Seegruber
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Herman Greif.
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	Mrs Elizabeth Stitz
Address,	121 Bank st.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 60778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd.

1. *Sex.* (*state whether male or female*) male
2. *Race or Color.* (*if not of the white race*) white
3. *Date of Birth,* January 15th 1883
4. *Place of Birth,* (*Street and Number*) 20 Chester st.
5. *Full Name of Mother,* Lizzie Hartman
6. *Mother's Maiden Name,* " Justis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Hartman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 60999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January 16th 1883
4. *Place of Birth*, (*Street and Number*) 162 S Charles St
5. *Full Name of Mother* Alice Payne Jenkins
6. *Mother's Maiden Name* Alice Payne Hathaway
7. *Mother's Birthplace*, Somerset County Va
8. *Full Name of Father*, William Baltzell Jenkins
9. *Father's Occupation*, Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address, 162 S Charles St — J W McConnell M D

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 25 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* January 16th 1883
4. *Place of Birth, (Street and Number)* 172 S. Howard St
5. *Full Name of Mother,* Annie Nower
6. *Mother's Maiden Name,* Annie Wilson
7. *Mother's Birthplace,* North Hampton Virginia
8. *Full Name of Father,* George Nower
9. *Father's Occupation,* Laboris
10. *Father's Birthplace,* North Carilionia

Name of Medical Attendant, or other Person who makes this Return Mary Annie Dorsey

Address, 64 Elbow Lane

Remarks, five dollars

"Shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 1883
4. *Place of Birth, (Street and Number)* 185 S Chester St
5. *Full Name of Mother,* Eva Bobbitz
6. *Mother's Maiden Name,* Ely Creamer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Bobbitz
9. *Father's Occupation,* Capor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chester St

Remarks,

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61002

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White. age
3. *Date of Birth*	Jan. 16th 1883.
4. *Place of Birth, (Street and Number)*	670. light. st
5. *Full Name of Mother*	Annie. Mulmer.
6. *Mother's Maiden Name*	Stuard
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	John. I. Mulmer.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie. Geyers
Address	634. light. st.
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16 January 1883
4. *Place of Birth, (Street and Number)* 70 Mulligen St
5. *Full Name of Mother,* Amanda Haskins
6. *Mother's Maiden Name,* " Apple
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Edward Haskins
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5ter Kind

1. Sex, (state whether male or female) Knabe

2. Race or Color, (if not of the white race) weiß

3. Date of Birth, geboren den 16ten Januar

4. Place of Birth, (Street and Number) No 264 S. Dallas Str

5. Full Name of Mother, Ernestine Zeller

6. Mother's Maiden Name, Ernestine Hofmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilelm Zeller

9. Father's Occupation, Barbier

10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Rosenmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

"Every physician, accoucheur, nurse or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

61005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* January 16 1883
4. *Place of Birth (Street and Number)* goodman alley No 68
5. *Full Name of Mother* fanney Haymans
6. *Mother's Maiden Name* Diana Camper 155 West
7. *Mother's Birthplace* Middle Town
8. *Full Name of Father* James Hayman
9. *Father's Occupation* Horseeler
10. *Father's Birthplace* anarundel County

Name of Medical Attendant, or other Person who makes this return

Address 155 West street

Remarks nw remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa[illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or childre[illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61006

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Aug 16 1886
4. *Place of Birth, (Street and Number)* 10 So. Charles
5. *Full Name of Mother,* Emma W. Dugent
6. *Mother's Maiden Name,* " " Lutz
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wm. Dugent
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return G. L. Martin

Address, 77 S. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61007

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	16th January
4. *Place of Birth (Street and Number)*	51 Stockton Aly
5. *Full Name of Mother*	Addie Holmes
6. *Mother's Maiden Name*	" Baliff
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	Charles Holmes
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary June Richadson
Address	No 212 Dover Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61008

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 16 - 83.
4. *Place of Birth, (Street and Number)* 87 Barre St.
5. *Full Name of Mother,* Marietta Schillinger.
6. *Mother's Maiden Name,* " Newton.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Samuel Schillinger.
9. *Father's Occupation,* Salesman -
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return R. J. N. Tall. M.D.

Address. 152 Sharp St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 5

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 16. 83.
4. *Place of Birth, (Street and Number)* S. Dunkerville, No 66
5. *Full Name of Mother,* Elisabeth Froflich
6. *Mother's Maiden Name,* Eberhard
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Georg Froflich
9. *Father's Occupation,* Lehner
10. *Father's Birthplace,* Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolfe str. No 14

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	4th Child
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	white
3. *Date of Birth*,	Jan. 16/88
4. *Place of Birth*, (*Street and Number*)	469 East ave
5. *Full Name of Mother*,	Annie S. Clarke
6. *Mother's Maiden Name*,	" " Prior
7. *Mother's Birthplace*,	Balto city
8. *Full Name of Father*,	Geo. M. Clarke
9. *Father's Occupation*,	Mariner
10. *Father's Birthplace*,	England
Name of Medical Attendant, or other Person who makes this Return	R. O Mansfield M.D.
Address,	117 S Broadway
Remarks,	

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Edward A. Dietrich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16/83
4. *Place of Birth, (Street and Number)*	43 Gough Str
5. *Full Name of Mother,*	Maggie Dietrich (Gehrmann)
6. *Mother's Maiden Name,*	Gehrmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Anton Dietrich
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Louise Graff
Address,	224 Eutaw Ave
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KEANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 January
4. *Place of Birth, (Street and Number)* 148 S. Eden street
5. *Full Name of Mother,* Maggie Rickert
6. *Mother's Maiden Name,* Guckert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Rickert
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1882

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	16 January
4. *Place of Birth, (Street and Number)*	54 Albemarle
5. *Full Name of Mother,*	Mary Starrs
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Starrs
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Barker
Address,	12. E. Lombard street
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61014

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	this is the seventh child
1. Sex (state whether Male or Female)	a female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th of January 1883
4. Place of Birth (Street and Number)	368 North Durham street
5. Full Name of Mother	Bridget Campbell
6. Mother's Maiden Name	Bridget
7. Mother's Birthplace	county Troon ireland
8. Full Name of Father	James Burly
9. Father's Occupation	[illegible]
10. Father's Birthplace	county Clare ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Kerr
Address	364 No Durham street
Remarks	Died with inward spasms

RETURN OF A BIRTH 61015

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5th

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, January 16th 1883
4. *Place of Birth*, (*Street and Number*) 175 Patterson Park Ave
5. *Full Name of Mother*, Catharina Hoffman
6. *Mother's Maiden Name*, Krug
7. *Mother's Birthplace*, City
8. *Full Name of Father*, Andreas Hoffman
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Belz

Address, 120 Bank 25

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January, 17th 1883.
4. *Place of Birth, (Street and Number)* No. 2. Bruce St.
5. *Full Name of Mother,* Barbary. Seubert.
6. *Mother's Maiden Name,* " " Bauservein
7. *Mother's Birthplace,* Bayern.
8. *Full Name of Father,* Michle Seubert.
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Bayern.

Name of Medical Attendant, or other Person who makes this Return Anne Lindner

Address, No. 45 S. Bloomer St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Jany 17th 1883

4. Place of Birth (Street and Number) North Front near Foundry St.

5. Full Name of Mother Catharine Dunn

6. Mother's Maiden Name Catharine Horigan

7. Mother's Birthplace Balt. City

8. Full Name of Father James Dunn

9. Father's Occupation Clerk

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monmouth M.D.

Address S. W. Cohen & Bend Sts.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 18th 1883

JAN 19 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 17th 1883
4. *Place of Birth, (Street and Number)* 41 Canada Street
5. *Full Name of Mother* Lena Stone
6. *Mother's Maiden Name,* Lena Oer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Stone
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Arnold

Address, 137 South Wolfe St,

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 17th 1883.
4. *Place of Birth, (Street and Number)*	506. W Fayette St.
5. *Full Name of Mother,*	Fannie C. Ball.
6. *Mother's Maiden Name,*	Fannie C. Hedgman
7. *Mother's Birthplace,*	Georgetown D. C.
8. *Full Name of Father,*	Isaac Locke Ball.
9. *Father's Occupation,*	News-paper-business
10. *Father's Birthplace,*	Fairfax Co. Virginia
Name of Medical Attendant, or other Person who makes this Return	A. C. Fox. M.D.
Address.	506. W Fayette St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 22 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jany 17th 1883
4. *Place of Birth, (Street and Number)* 176 Calhoun St
5. *Full Name of Mother,* Mame Slater Adams
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* B C
8. *Full Name of Father,* Geo F Adams
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* B C

Name of Medical Attendant, or other Person who makes this Return J Harvey Hill MD,

Address, 119 Edmondson ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6/10/21

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mule
3. *Date of Birth* 17th. January.
4. *Place of Birth, (Street and Number)* Cor. Fayette & Holliday Sts.
5. *Full Name of Mother* Lizzie Koors
6. *Mother's Maiden Name* Lizzie Frederick
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Koors.
9. *Father's Occupation* Saloon Keeper.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address No. 5 Franklin St.

Remarks

RETURN OF A BIRTH 61022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) thirth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Januar 17 – 1883
4. *Place of Birth, (Street and Number)* S. W. corner Pratt & Paca
5. *Full Name of Mother,* Maria Tompson
6. *Mother's Maiden Name,* Maria Breining
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Tompson
9. *Father's Occupation,* Baarkeeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren 17ten Januar
4. *Place of Birth, (Street and Number)* No 47. Lancaster Str
5. *Full Name of Mother,* Anne Baumeister
6. *Mother's Maiden Name,* Anne Hofmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Baumeister
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61024

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Kind

1. *Sex, (state whether male or female)* Bub.
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* geboren 17ten Januar
4. *Place of Birth, (Street and Number)* No 233 S. Dallas St.
5. *Full Name of Mother,* Sebine Evens
6. *Mother's Maiden Name,* Sebine Lin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilehm Evens
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No. 202 S. Dallas St.

Remarks, Hebamme

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61025

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Jan 17 1893
4. *Place of Birth, (Street and Number)*	213 Medeira St
5. *Full Name of Mother,*	
6. *Mother's Maiden Name,*	Emmer Jenkins
7. *Mother's Birthplace,*	St James la County
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	Lucindia Hartford
Address,	130 N Register St
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1026

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17th 1883
4. *Place of Birth, (Street and Number)*	1068 Castle St.
5. *Full Name of Mother,*	Mary Rable
6. *Mother's Maiden Name,*	Mary Langly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Rable
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Bell
Address,	No. 145 S. E. cor Central av.
Remarks,	All Well

RUANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61027

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jany 17th 1883
4. Place of Birth (Street and Number) 331 North St
5. Full Name of Mother Mrs Mich Neary
6. Mother's Maiden Name Kate Kelly
7. Mother's Birthplace Baltimore
8. Full Name of Father Mich Neary
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr William Lee

Address 339 N. Eutaw St

Remarks

Vital Record of Vital Statistics in the City of Baltimore,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 181.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 17th Jany 1883
4. Place of Birth, (Street and Number) 266 Germanrd
5. Full Name of Mother, Amelia Siegel
6. Mother's Maiden Name, Walter
7. Mother's Birthplace, Balt.
8. Full Name of Father, Chas Siegel
9. Father's Occupation, Cook
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return H W Betsley

Address, 57 Barre

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1st 1883
4. *Place of Birth, (Street and Number)* Balto. 156 Ramsey St
5. *Full Name of Mother,* Mary M. Kitzler
6. *Mother's Maiden Name,* Mary Williams
7. *Mother's Birthplace,* Balto. ~~Virginia~~
8. *Full Name of Father,* William G. S. Kitzler ~~Driver~~
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Seebach

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6/1030

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14th January
4. *Place of Birth (Street and Number)* 261 N. Holy 4th
5. *Full Name of Mother* Amanda Pettgreizer
6. *Mother's Maiden Name* Amanda Williams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Pettgreizer
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Thos. J. Simms M.D.

Address 247 Holy Street

Remarks Office 242 Broadway

RETURN OF A BIRTH 6/1031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17 1883
4. *Place of Birth, (Street and Number)*	Cookes Street Locust Point
5. *Full Name of Mother,*	Annie Sullivan
6. *Mother's Maiden Name,*	Annie Mc Guire
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Sullivan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Maggie Ettel
Address,	No 13 Cooke Street
Remarks,	Locust Point Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61032

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th Jan.
4. *Place of Birth, (Street and Number)* 444 Eager St.
5. *Full Name of Mother,* Francis O'Callaghan
6. *Mother's Maiden Name,* Rooney
7. *Mother's Birthplace,* Kansas
8. *Full Name of Father,* William O'Callaghan
9. *Father's Occupation,* Carpet Cleaner
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return E. P. Irons M.D.

Address. 375 E. Balto. St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61033

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: John Beck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Birth
1. *Sex (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Wit
3. *Date of Birth*	17 Januar
4. *Place of Birth, (Street and Number)*	Anna Street No 90
5. *Full Name of Mother*	Elisabeth ~~Bek~~ Beck
6. *Mother's Maiden Name*	" " Rost
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jakob ~~Bek~~ Beck
9. *Father's Occupation*	
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Lombard Street No 278
Remarks	

Mrs Maurer

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61034

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17th January 1883
4. *Place of Birth, (Street and Number)* 51 Williamson alley
5. *Full Name of Mother,* Catherine Coleman
6. *Mother's Maiden Name,* Catherine Jones
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* James Coleman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, No. 60 Plum alley

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th January 1883
4. *Place of Birth, (Street and Number)*	Patapsco street
5. *Full Name of Mother,*	Anna Flynn
6. *Mother's Maiden Name,*	Anna McHale
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Flynn
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Sullend
Address,	104 Curley street corner
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61036

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 17th 1883
4. Place of Birth, (Street and Number) 44 Pratt st.
5. Full Name of Mother. Anna Hall
6. Mother's Maiden Name. " Weinman
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Douglas Hall
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 27 1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 18 1933
4. *Place of Birth, (Street and Number)*	121 Hanover St
5. *Full Name of Mother*	Mary A Bransbury
6. *Mother's Maiden Name,*	Mary A Nolan
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo. F. Bransbury
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	146 Hanover St
Remarks,	

"Each attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	18th January
4. *Place of Birth, (Street and Number)*	14 Foden Alley
5. *Full Name of Mother,*	Mary Enell
6. *Mother's Maiden Name,*	Mary Allen
7. *Mother's Birthplace,*	Upperville Fauquier Co. Va.
8. *Full Name of Father,*	Henry Enell
9. *Father's Occupation,*	Coachman
10. *Father's Birthplace,*	London County Va
Name of Medical Attendant, or other Person who makes this Return	Lucy Cornish
Address,	14 Foden Alley
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th of January ~~1882~~ 1883.
4. *Place of Birth, (Street and Number)* 78 North Chappel Street.
5. *Full Name of Mother,* Frances Schäffer
6. *Mother's Maiden Name,* Frances Kraus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Kraus.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Cresentia Kunkel

Address, 71 North Chappel St. per Justina Kunkel

Remarks, Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

11

RETURN OF A BIRTH.

61040

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* January 18th 1883
4. *Place of Birth* (Street and Number) S. E. Corner Biddle & St. Paul Sts.
5. *Full Name of Mother* Eliza B. Wilson
6. *Mother's Maiden Name* Eliza Bevis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm. T. Wilson
9. *Father's Occupation* Architect
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. G. Chew M.D.

Address 141 Lanvale St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 61041

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. three
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 18th 1883
4. *Place of Birth, (Street and Number)*	Baltimore Hoffman St no 292
5. *Full Name of Mother,*	William Keys
6. *Mother's Maiden Name,*	Ellen Thurfield
7. *Mother's Birthplace,*	West minster m. d.
8. *Full Name of Father,*	Ellen Keys
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Hagstown m. d.
Name of Medical Attendant, or other Person who makes this Return.	Lallie pennington
Address,	914 Jasper Baltimore m.d
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

b 1042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (1.)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 18th 1883,
4. *Place of Birth, (Street and Number)*	No 32 Barnes Str
5. *Full Name of Mother,*	Barbora Benda,
6. *Mother's Maiden Name,*	" Malik
7. *Mother's Birthplace,*	v. Letinech Bohemia,
8. *Full Name of Father,*	Joseph Benda
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace.*	v Velká Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephina Konraid
Address,	No 20, Barnes Str
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH #1043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex.* (*state whether male or female*)	female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	Jan 18th 1883
4. *Place of Birth,* (*Street and Number*)	9 Hollins st Ext Balto. Cnt
5. *Full Name of Mother.*	Maria Moeller
6. *Mother's Maiden Name.*	" Hübner
7. *Mother's Birthplace.*	Germany
8. *Full Name of Father.*	Max Moeller
9. *Father's Occupation.*	Engineer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Buddenbohn M.D.
Address.	166 S. Pacant.
Remarks.	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 23 1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th Jan.
4. *Place of Birth, (Street and Number)* Baltimore 72 chester st
5. *Full Name of Mother,* Martha J. Mills
6. *Mother's Maiden Name,* Martha J. Crawford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tomas J. Mills
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs H. glasglo

Address, ~~Mc~~ McCleland extended

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61045

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18th 1883
4. *Place of Birth, (Street and Number)*	No. 176 E. Bond St.
5. *Full Name of Mother,*	Louisa Clossing
6. *Mother's Maiden Name,*	Louisa Rothkopf.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Clossing
9. *Father's Occupation,*	Organ Builder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	M. A. Burt.
Address,	No. 185 E. cor. Central av. & Monument St.
Remarks,	All Well

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61046

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 January
4. *Place of Birth, (Street and Number)* 38 E. Pratt.
5. *Full Name of Mother,* Louisa Trunt
6. *Mother's Maiden Name,* Casper
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* William Trunt
9. *Father's Occupation,* Vinegar Depot
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12 E. Lombard street

Remarks,

O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61047

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 28 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth January 18. 1883
4. Place of Birth (Street and Number) 353 E Fayette
5. Full Name of Mother Maria
6. Mother's Maiden Name Lenhart
7. Mother's Birthplace Balto
8. Full Name of Father Frederick Amendt
9. Father's Occupation Tobacconist
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. D. B. Morawetz

Address 137 W Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

b 1048

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18 1893
4. *Place of Birth, (Street and Number)*	#91 Park Ave
5. *Full Name of Mother,*	Ida Sabro
6. *Mother's Maiden Name,*	Bernhard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Leopold Sabro
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krafs
Address,	236 Centre Ave
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61049

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18th 1883
4. *Place of Birth, (Street and Number)*	#49 Enson Ln
5. *Full Name of Mother,*	Maggie Gerlach
6. *Mother's Maiden Name,*	Riebel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Julius Gerlach
9. *Father's Occupation,*	Turner
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise [illegible]
Address,	206 Canton Ave
Remarks,	

O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6105a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18 1883
4. *Place of Birth, (Street and Number)*	Cuba Street No 14 Locust Point
5. *Full Name of Mother,*	Cloudey Bittner
6. *Mother's Maiden Name,*	Cloudey Stump
7. *Mother's Birthplace,*	Germeney
8. *Full Name of Father,*	Reachelod Bettner
9. *Father's Occupation,*	Sabuer
10. *Father's Birthplace,*	Germeney
Name of Medical Attendant, or other Person who makes this Return	Mrs Mugge Ettel
Address,	No 13 Cuba St Locust Point
Remarks,	Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

61051

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* a Male Child
2. *Race or Color (if not of the white race)* Colerd
3. *Date of Birth* January the 18, 1883
4. *Place of Birth (Street and Number)* 144 York St
5. *Full Name of Mother* emiline boby
6. *Mother's Maiden Name* emiline boby
7. *Mother's Birthplace* tall Chester Virginia
8. *Full Name of Father* no further
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Makle

Address York St 241

Remarks

Fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6/1052

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3 Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 18th January 1883
4. *Place of Birth*, (*Street and Number*) 151 Madeira St.
5. *Full Name of Mother*, Lizzie Bauernschmith
6. *Mother's Maiden Name*, Hamburger
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Martin Bauernschmith
9. *Father's Occupation*, Cigar Maker
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Wiley Patterson M.D.

Address,

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 18 1893
4. *Place of Birth, (Street and Number)* 185 McCulloh St
5. *Full Name of Mother,* Caroline Cochran
6. *Mother's Maiden Name,* Caroline Savage
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Cochran
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 121 W. Monument St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61054

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

Name Elizabeth M. Roman

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) American.
3. Date of Birth January 18th 1883.
4. Place of Birth (Street and Number) 69 5th. Fayette St.
5. Full Name of Mother Lilly Roman
6. Mother's Maiden Name Lilly Smith
7. Mother's Birthplace Maryland
8. Full Name of Father Louis Titus Roman
9. Father's Occupation Clerk
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. G. Lanthicum M.D.

Address 58 W. Fayette St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61055

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2, 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 4th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Jan 18th 1883
4. *Place of Birth,* (*Street and Number*) No 223 Canton Ave
5. *Full Name of Mother,* Caroline Gottman
6. *Mother's Maiden Name,* " Reuke
7. *Mother's Birthplace,* City
8. *Full Name of Father,* George Gottman
9. *Father's Occupation,* Hucster
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bate

Address, 126 Bank St

Remarks,

WM. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Janry 18, 83
4. *Place of Birth, (Street and Number)* Rear of 95 Park ave.
5. *Full Name of Mother,* Ida Sarro
6. *Mother's Maiden Name,* Ida Bernard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Sarro
9. *Father's Occupation,* Coachman
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return George A. Rohe, M.D. 95 Park ave

Address,

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 19th 1883
4. *Place of Birth, (Street and Number)* 68 E W Balto St
5. *Full Name of Mother,* Clara Levy
6. *Mother's Maiden Name,* Clara King
7. *Mother's Birthplace,* Germany
8. *Full Name of Eather,* Robert Levy
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address, 146 Hanover St

Remarks,

C DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61058

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 22 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of of January
4. *Place of Birth, (Street and Number)* 588 Asquith St
5. *Full Name of Mother,* Skatetia Elliott
6. *Mother's Maiden Name,* Skatetia Brooks
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* Robert Elliott
9. *Father's Occupation,* Huxster
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Jane E Bagless

Address, No 386 Sharford ~~St~~

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 22 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 19/83
4. *Place of Birth, (Street and Number)* Clayton Row No 1
5. *Full Name of Mother,* Mag. Barks
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Howard County Md
8. *Full Name of Father,* John. Swoby
9. *Father's Occupation,* ——
10. *Father's Birthplace,* Howard County Md

Name of Medical Attendant, or other Person who makes this Return X John Foster

Address, (My mark) 407 Vincent Alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 19th 1883
4. *Place of Birth, (Street and Number)* 8 Watson St.
5. *Full Name of Mother,* Josephine Claus
6. *Mother's Maiden Name,* " Wollering
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick Claus
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mrs Rosa Allen

Address, 48 Holland St. Balt.

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, ~~(state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* ~~(state whether~~ male ~~or female)~~
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* Jan 19th/883, W. Minutes to 12 Ok.
4. *Place of Birth,* (*Street and Number*) 458 E. Lombard St
5. *Full Name of Mother,* Jennie Hume
6. *Mother's Maiden Name,* " König
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph M. Hume
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Lia

Name of Medical Attendant, or other Person who makes this Return. A Gregg Shertzer (& J R. Andre)

Address, 11 S. High St (121 E Balti St)

Remarks, Very, Very, difficulty Case.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19 1883
4. *Place of Birth, (Street and Number)* 302 Linden Av
5. *Full Name of Mother,* Marion Moale
6. *Mother's Maiden Name,* Marion Starr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G. H. Moale
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J. W. Mitchell

Address, 121 W. Monument St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61063

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 9 January 1883
4. *Place of Birth, (Street and Number)* 126 Bond Street
5. *Full Name of Mother* Elizabeth A Thomas
6. *Mother's Maiden Name* Elizabeth A Allnutt
7. *Mother's Birthplace* Anne Arundel county
8. *Full Name of Father* William Thomas
9. *Father's Occupation* Iron worker
10. *Father's Birthplace* Anne Arundel county

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153

Address Lollington near Baltimore md

Remarks

RETURN OF A BIRTH.

61064

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Jan 19

4. Place of Birth (Street and Number) 163 Madison St

5. Full Name of Mother Luiser Norris

6. Mother's Maiden Name Heighmiller

7. Mother's Birthplace Baltimore

8. Full Name of Father H C Norris

9. Father's Occupation Shoes Cutter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Shufe M D

Address 211 Asquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

61065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 19 January
4. *Place of Birth, (Street and Number)* pressman st 108
5. *Full Name of Mother,* francis adison
6. *Mother's Maiden Name,* lee
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward adison
9. *Father's Occupation,* single
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A wilson

Address, Gross st 368

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) Mulatto

3. *Date of Birth,* Jan 17 1883

4. *Place of Birth,* (*Street and Number*) 23 State ot

5. *Full Name of Mother,* Lucy E. Stevens

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George E. Stevens

9. *Father's Occupation,* Steward

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return D C Williams

Address, 201 Madison Ave

Remarks, This was overlooked in March of 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name, Frederick Edward Klug

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 19 th 1883
4. *Place of Birth, (Street and Number)* No. 295 Hanover st
5. *Full Name of Mother,* Anna Klug
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Cristian Klug
9. *Father's Occupation,* Paper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return C. Schwasser midwife

Address, 330 Hanover st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61068

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 19th
4. *Place of Birth, (Street and Number)*	153 N. Fremont Ave
5. *Full Name of Mother,*	Laura Virginia Dubreuil
6. *Mother's Maiden Name,*	Brunner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	A. D. Armand Henry Dubreuil
9. *Father's Occupation,*	Manager
10. *Father's Birthplace,*	Goudloupe West India Island
Name of Medical Attendant, or other Person who makes this Return	Mrs. Seebach
Address,	
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 19th 1883.
4. *Place of Birth, (Street and Number)* 463. Mulberry St
5. *Full Name of Mother,* Vernon Small
6. *Mother's Maiden Name,* Wertenbaker
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Levi H. Small
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return — Geo H Coplin MD

Address, #1 Waverly Terrace

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Lloyd Griffith Corkran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19th 1883
4. *Place of Birth, (Street and Number)* 322 W Hanover St
5. *Full Name of Mother,* Anna Matilda Corkran
6. *Mother's Maiden Name,* Anna Matilda Lloyd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benj. W. Corkran Jr
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J. W. Mittenberger

Address, 121 W. Monument St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61071

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 19th 1883
4. *Place of Birth, (Street and Number)* Bargantor Aly No 201 bt Gov St West St
5. *Full Name of Mother,* Emelea Sporleton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Kehberg West Preusen Germann
8. *Full Name of Father,* John Henry Sporleton
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Dlenhausen Germann

Name of Medical Attendant, or other Person who makes this Return

Address, Emilie Range

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

01072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 19th. 1883.
4. *Place of Birth (Street and Number)* 81 N. Ann St
5. *Full Name of Mother* Madsella Madsen Steen.
6. *Mother's Maiden Name* Madsella Madsen.
7. *Mother's Birthplace* Bergen. Norway.
8. *Full Name of Father* Gerhart Steen.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Bergen. Norway.

Name of Medical Attendant, or other Person who makes this Return. J. J. Sulkirian. M. D.

Address 116 Thames St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6/1073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1st

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Jan. 19th 1883
4. *Place of Birth,* (*Street and Number*) 29 Orchard St
5. *Full Name of Mother,* Louisa Lee
6. *Mother's Maiden Name,* ..... Holland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Lee
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, 94 Tyson St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan. 21st 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 23 1893

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4th

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, Jan. 19th 1893.
4. *Place of Birth*, (*Street and Number*) 149 S. Chapple St.
5. *Full Name of Mother*, Katie Eder
6. *Mother's Maiden Name*, Katie Henkelman.
7. *Mother's Birthplace*, America.
8. *Full Name of Father*, Franz. Eder.
9. *Father's Occupation*, Can-Maker.
10. *Father's Birthplace*, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 E. Wolfe St.

Remarks, (P)

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Labor. Twins first

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth January 19
4. Place of Birth (Street and Number) 225 Gough St.
5. Full Name of Mother Ella Colliers
6. Mother's Maiden Name Ella Bradburn
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Frederick Collier
9. Father's Occupation Engineer
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Jno. S. Lynch

Address 1 S. Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 19. 83
4. *Place of Birth, (Street and Number)* 282 N Wolfe St
5. *Full Name of Mother,* Agnes I Baker
6. *Mother's Maiden Name,* Crangle
7. *Mother's Birthplace,* Newfoundland
8. *Full Name of Father,* John G Baker
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 256 N Donagh St

Remarks,

J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61077

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) Seven

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, 19th January 1883
4. *Place of Birth*, (*Street and Number*) 2 Sullivans Ct.
5. *Full Name of Mother*, Adeline Thomas
6. *Mother's Maiden Name*, Adeline Mason
7. *Mother's Birthplace*, Cecil Co. Md.
8. *Full Name of Father*, Nathaniel Thomas
9. *Father's Occupation*, Oyster Shucker
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Caroline (her X Mark) Moore

Address, 2 Sullivans Ct. Baltimore Md.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

610 78

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Jan 20 1893
4. *Place of Birth, (Street and Number)*	814 Ellis St
5. *Full Name of Mother,*	Lillie Stuard
6. *Mother's Maiden Name,*	Lillie Stuard
7. *Mother's Birthplace,*	Independent County
8. *Full Name of Father,*	Edward Stuard
9. *Father's Occupation,*	Steamer Va Co
10. *Father's Birthplace,*	South Hamilton
Name of Medical Attendant or other Person who makes this Return	Lucinda Woolford
Address,	130 Register St
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 25 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 20 the 1883
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* S. Jane Wright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* o
9. *Father's Occupation,* o
10. *Father's Birthplace,* o

Name of Medical Attendant, or other Person who makes this Return Lear Walker

Address, No 15 Dunden Alley

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61080

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 20th 1886
4. *Place of Birth (Street and Number)* Abys Street No 17
5. *Full Name of Mother* Anny Weber
6. *Mother's Maiden Name* Anny Bosman
7. *Mother's Birthplace* Baltimore M D
8. *Full Name of Father* Louis Weber
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 10 Abys Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61081

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 25 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 8.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 20 of Jan
4. *Place of Birth, (Street and Number)* No. 32 E. Bidel St.
5. *Full Name of Mother,* Mary E. Toller
6. *Mother's Maiden Name,* Mary Brosing
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernad Brosing
9. *Father's Occupation,* Shen Macker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Cristina Lauer

Remarks, 147 Harfer ave. (1883)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6/1082

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 20th 1883
4. Place of Birth (Street and Number)	Baltimore Armstead Lane No. 10
5. Full Name of Mother	Ellanora Mullen
6. Mother's Maiden Name	" Adams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Mullen
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 Montgomery st Balt.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61083

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 20th 1886
4. *Place of Birth, (Street and Number)*	No. 23 Lucerne St,
5. *Full Name of Mother,*	Mrs Annie Worsham
6. *Mother's Maiden Name,*	Miss Annie Kelly
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Worsham
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No. 66 Burke St.
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 January
4. Place of Birth, (Street and Number) 195 Valley St
5. Full Name of Mother, Annie Luber
6. Mother's Maiden Name, " Mauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Luber
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 48 Holland St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

610 85

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state ~~whether male or~~ female)
2. Race or Color (~~if not~~ of the white race)
3. Date of Birth 1. 20. 83.
4. Place of Birth (Street and Number) 335 W. Fayette
5. Full Name of Mother Mary Margaret Copinger
6. Mother's Maiden Name May
7. Mother's Birthplace Balto
8. Full Name of Father Chas Copinger
9. Father's Occupation Teacher
10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address

Remarks Tedims

3rd 9 Level

RETURN OF A BIRTH 61086

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 22 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 20 1883
4. *Place of Birth, (Street and Number)*	Baltimore Hawcourt no 14
5. *Full Name of Mother,*	Fannie Lanxter
6. *Mother's Maiden Name,*	Fannie Hawkins
7. *Mother's Birthplace,*	Saint Marys County
8. *Full Name of Father,*	William Lanxter
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	Saint Marys County
Name of Medical Attendant, or other Person who makes this Return.	Sallie Pennington
Address,	94 Jasper Street, Baltimore
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 6tes Kind

1. *Sex,* (*state whether male or female*) Madchen
2. *Race or Color,* (*if not of the white race*) Weiß
3. *Date of Birth,* geboren den 20ten Januar
4. *Place of Birth,* (*Street and Number*) 8te 141. Canton Av
5. *Full Name of Mother,* Carlein Albert
6. *Mother's Maiden Name,* Carlein Vater
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Albert
9. *Father's Occupation,* Schneider
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No. 202. S. Dallas Av

Remarks, Hebamme

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 6ter Kind

1. *Sex,* (*state whether male or female*) Bub
2. *Race or Color,* (*if not of the white race*) Weiß
3. *Date of Birth,* geboren den 20ter Januar
4. *Place of Birth,* (*Street and Number*) No 143. Chappel St
5. *Full Name of Mother,* Anne Ruppert
6. *Mother's Maiden Name,* Anne ~~Linden~~ Linden
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Conrad Ruppert
9. *Father's Occupation,* Handelsmann
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Baumann

Address, No 202 S. Dallas St

Remarks, Hebamme

Name of child: Charles Roppelt

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61089

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 20th 1883
4. Place of Birth (Street and Number)	18 Jackson Court
5. Full Name of Mother	Kate Stewart
6. Mother's Maiden Name	Kate Langel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Stewart
9. Father's Occupation	Gunsmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips
Address	27 W Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 20 1883
4. *Place of Birth, (Street and Number)* 39 Hoar st.
5. *Full Name of Mother,* Augusta Weidman
6. *Mother's Maiden Name,* Augusta Edner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Weidman
9. *Father's Occupation,* Wagon maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 20th. 1883.
4. *Place of Birth, (Street and Number)* No 14 Postpect lane
5. *Full Name of Mother,* Maggie Snider
6. *Mother's Maiden Name,* Maggie Amrein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Snider
9. *Father's Occupation,* Tailor
10. *Father's Birthplace.* Germany.

Name of Medical Attendant, or other Person who makes this Return M. A. Butt

Address, No. 185 S.E. cor Centrel av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 61092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* June 20 — 1883
4. *Place of Birth* (Street and Number) 295 —
5. *Full Name of Mother* ~~Mrs Gilbert~~ Mrs Gilbert
6. *Mother's Maiden Name* Mrs Joseph. T. O'Connor
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph T. O'Connor
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address 339 Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Sixth (6)
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jany 20 - 1883.
4. *Place of Birth*, (*Street and Number*)	No 16. Barnes Str.
5. *Full Name of Mother*,	Marie Houska
6. *Mother's Maiden Name*,	Barusek
7. *Mother's Birthplace*,	Bohemia
8. *Full Name of Father*,	Joseph Houska
9. *Father's Occupation*,	Schumaker
10. *Father's Birthplace*,	Razan Bohemia
Name of Medical Attendant, or other Person who makes this Return	Josephine Konrad
Address,	No 20. Barnes Str
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20th 1883
4. *Place of Birth, (Street and Number)* #535 Up Gay St
5. *Full Name of Mother,* Caroline Geis
6. *Mother's Maiden Name,* " Forst
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Joseph Geis
9. *Father's Occupation,* Tinner & Plummer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Willegeist

Address, #182 E. Monument St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61095

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 23 - 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd Child

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Born Jan 20 - 1893
4. *Place of Birth*, (*Street and Number*) Albion house, Richmond & Eastlake
5. *Full Name of Mother*, Mary Rose Kennedy
6. *Mother's Maiden Name*, Mary Rose Ingalls
7. *Mother's Birthplace*, Born Baltimore
8. *Full Name of Father*, Williams Thomas Kennedy
9. *Father's Occupation*, Copper Roster
10. *Father's Birthplace*, Ellicott City Howard Co Md

Name of Medical Attendant, or other Person who makes this Return Dr Connie Johnson.

Address, 911 John St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 26 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth.

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) Brown complexion
3. *Date of Birth,* January 20th 1883
4. *Place of Birth,* (Street and Number) 15 Arch St
5. *Full Name of Mother,* Mary Bell.
6. *Mother's Maiden Name,* Trimble
7. *Mother's Birthplace,* Surry Co., Va.,
8. *Full Name of Father,* Wilson Bell
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Princess Anne Co., Va.,

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 20, 1883.
4. Place of Birth, (Street and Number) Stirling St. No 55,
5. Full Name of Mother, Anna Nichols
6. Mother's Maiden Name, Anna Wiedemeier
7. Mother's Birthplace, Balto City
8. Full Name of Father, Geory F. Nichols
9. Father's Occupation, Printer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61098

JAN 26 1883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) ~~White~~
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 20th 1883
4. Place of Birth (Street and Number) No 9 S. Arlington Ave
5. Full Name of Mother Sallie Upshir Maddox
6. Mother's Maiden Name Sallie Upshir Ballard
7. Mother's Birthplace Somerset Co. Md
8. Full Name of Father Joseph Maddox
9. Father's Occupation Carpenter
10. Father's Birthplace Somerset Co. Md

Name of Medical Attendant, or other Person who makes this Return. P. V. Benson M.D.

Address 187 Hollins St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

61099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 26/83
4. *Place of Birth, (Street and Number)*	X 248 Watson
5. *Full Name of Mother,*	Mary E. Waltemyer
6. *Mother's Maiden Name,*	M. A. Chance
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jno. Waltemyer
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace,*	Baltimore City, Md
Name of Medical Attendant, or other Person who makes this Return	D. L. Scanlon
Address,	387 W. Lombard
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* White Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th January 1883
4. *Place of Birth, (Street and Number)* 522 Canton Av.
5. *Full Name of Mother,* Lizzie Krug.
6. *Mother's Maiden Name,* Gast
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrich Krug
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Louisa Wiley Patterson Av.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* January 20 1883.
4. *Place of Birth, (Street and Number)* 114 Linden ave
5. *Full Name of Mother,* Mary E Kohler
6. *Mother's Maiden Name,* Farell
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Geo A Kohler
9. *Father's Occupation,* hackman
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return G Lane Donoghue

Address, 219 Madison ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 6/102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 29 Jan. 1883
4. *Place of Birth*, (*Street and Number*) Balto.
5. *Full Name of Mother*, Mary Potera
6. *Mother's Maiden Name*, Mary Dolehal
7. *Mother's Birthplace*, Bohemia
8. *Full Name of Father*, Fox Potera
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roptish

Address, 64 N. Washington

Remarks, Mary Roptish

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Fourth
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	January 20 '83
4. *Place of Birth*, (*Street and Number*)	294 E Madison St
5. *Full Name of Mother*,	Annie Bourier
6. *Mother's Maiden Name*,	Spandaner
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Wm E Bourier
9. *Father's Occupation*,	Machinist
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address,	286 N Paca st
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan 16 20 1883
4. *Place of Birth, (Street and Number)*	452 Fort ave
5. *Full Name of Mother*	Sarah Donaldson
6. *Mother's Maiden Name*	Sarah Ford
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Fielding H Donaldson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Donaldson
Address	452 Fort ave
Remarks	Mother and Child doing well

RETURN OF A BIRTH

61105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Jan. 20th 83
4. *Place of Birth*, (*Street and Number*)	# 80 Fremont St.
5. *Full Name of Mother*,	Josephina Albert.
6. *Mother's Maiden Name*,	Meyer
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Henry Albert.
9. *Father's Occupation*,	Feed Dealer
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Koch.
Address,	# 228 S. Eutaw St.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21 1883
4. *Place of Birth, (Street and Number)* 161 Chester
5. *Full Name of Mother,* Eliz Tuffner
6. *Mother's Maiden Name,* Eliz Winkel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Tuffner
9. *Father's Occupation,* Parker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Thomas

Address, 193 Chester

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61107

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 21 1883
4. *Place of Birth, (Street and Number)* 32 Constitution St
5. *Full Name of Mother,* Georgina Jungers
6. *Mother's Maiden Name,* " Russell
7. *Mother's Birthplace,* ~~Luxenberg Germany~~ England
8. *Full Name of Father,* John Jungers
9. *Father's Occupation,* Junk Dealer
10. *Father's Birthplace,* Luxenberg Germany

Name of Medical Attendant, or other Person who makes this Return. D. Shell M.D.

Address, 143 N. Exeter St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 3,
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 21 of Jan
4. *Place of Birth, (Street and Number)*	No, 189, Constitution
5. *Full Name of Mother,*	Anne Sangan
6. *Mother's Maiden Name,*	Anne Finerty
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Barny Finerty
9. *Father's Occupation,*	Officer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	
Address,	Mrs Cristina Lauer
Remarks,	193 Harper ave, (1882)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. C. O'REILLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 25 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21st
4. *Place of Birth, (Street and Number)* 34 S. Sligh st
5. *Full Name of Mother,* Louisa F. S. Bohne
6. *Mother's Maiden Name,* " " Pennig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bohne
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, 88 70 Granby st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/11a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 25 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~No. 53 Granby st~~ January 21st
4. *Place of Birth, (Street and Number)* No. 53 Granby st
5. *Full Name of Mother,* Henrietta Horn
6. *Mother's Maiden Name,* " " Kluns Klaus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Horn
9. *Father's Occupation,* ~~joiner~~ Cabinet maker
10. *Father's Birthplace,* B. Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

F. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 21 Jan 1883
4. *Place of Birth, (Street and Number)* 31 uion Street
5. *Full Name of Mother,* Ellen yoong
6. *Mother's Maiden Name,* Ellen Tyler
7. *Mother's Birthplace,* west river Anerandel County
8. *Full Name of Father,* William H yoong
9. *Father's Occupation,* hod carrier
10. *Father's Birthplace,* Washington, D C

Name of Medical Attendant, or other Person who makes this Return Luby Cornish

Address, No 15 Jordan alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 January
4. *Place of Birth, (Street and Number)*	91 Spring St
5. *Full Name of Mother,*	Sarah Rotman
6. *Mother's Maiden Name,*	Sarah
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Bard Rotzman
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	Rachel Justman
Address,	355 Harrison St
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 21. 1885.
4. *Place of Birth, (Street and Number)*	Baltimore, Jasper Street no 70.
5. *Full Name of Mother,*	Sadie Harding
6. *Mother's Maiden Name,*	Baltimore
7. *Mother's Birthplace,*	William Jackson
8. *Full Name of Father,*	Laboring
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Baltimore Sallie Jackson
Name of Medical Attendant, or other Person who makes this Return.	94 Jasper Street Baltimore
Address,	
Remarks,	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 ter Kind
1. *Sex, (state whether male or female)*	Knabchen
2. *Race or Color, (if not of the white race)*	Weiß
3. *Date of Birth,*	geboren den 21 ter Januar
4. *Place of Birth, (Street and Number)*	№ 79. Bank Str
5. *Full Name of Mother,*	Sielma Hautz
6. *Mother's Maiden Name,*	Sielma Jürman
7. *Mother's Birthplace,*	Deutschland
8. *Full Name of Father,*	Julius Hautz
9. *Father's Occupation,*	Schuhmacher
10. *Father's Birthplace,*	Deutschland
Name of Medical Attendant, or other Person who makes this Return	Friederike Kaufmann
Address,	№ 202. S. Dallas Str
Remarks,	Hebamme

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6 1115

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male John H. 8/4/20 A.D.S.

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jany 21 / 88

4. Place of Birth, (Street and Number) 2417 Dickson

5. Full Name of Mother, Annie M. Baumeister

6. Mother's Maiden Name, " " Gephart

7. Mother's Birthplace, Bald Md

8. Full Name of Father, Wm. H. Baumeister

9. Father's Occupation, Feed Merchant

10. Father's Birthplace, Bald Md

Name of Medical Attendant, or other Person who makes this Return J. L. Mistica

Address, [illegible]

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 21st. 1883
4. *Place of Birth, (Street and Number)* No 3 Wolf St.
5. *Full Name of Mother,* Annia Diel
6. *Mother's Maiden Name,* Annia Tumler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Diel
9. *Father's Occupation,* Enginier
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S.E. cor. Centrel av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 21st 1883
4. *Place of Birth, (Street and Number)*	237 Eighth St.
5. *Full Name of Mother,*	Mary E. Sheehan
6. *Mother's Maiden Name,*	" " McKeown
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Jas Sheehan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	L. C. Bruce M.D.
Address,	151 Hanover St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Penalty of Fifty Dollars in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

MAY 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 21 January
4. *Place of Birth, (Street and Number)* 2 Eisles St
5. *Full Name of Mother,* rebecker green
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Benjamin green
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other Person who makes this Return Wilson

Address, cross St

Remarks, 368

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 January
4. *Place of Birth, (Street and Number)* 594 Baltimore
5. *Full Name of Mother,* Rachel Washaske
6. *Mother's Maiden Name,* Russia Washaske
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Washaske
9. *Father's Occupation,* Tailor store
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61120

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No of Children 12.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 21st 1883
4. *Place of Birth, (Street and Number)*	86 Sterling st Balto
5. *Full Name of Mother,*	Frances Jane Jones
6. *Mother's Maiden Name,*	Frances Jane White
7. *Mother's Birthplace,*	Patapsco Neck Balto. CO
8. *Full Name of Father,*	William David Jones
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	South Hamton. Co. Va.
Name of Medical Attendant, or other Person who makes this Return	Susan Morgan
Address,	No. 47 North Durham [illegible]
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex,* (*state whether* ~~male~~ *or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* January 21. 83
4. *Place of Birth,* (*Street and Number*) W. Koestelstr No. 43
5. *Full Name of Mother,* Pauline Schmidt
6. *Mother's Maiden Name,* Wink
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Schmidt
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Wm. Joh. Baubach

Address, S. Wolfstr No 14

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 21/03
4. *Place of Birth, (Street and Number)*	#272 S Bond St
5. *Full Name of Mother,*	Margaretta Tuttemann
6. *Mother's Maiden Name,*	Augst
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Tuttemann
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krupp
Address,	236 Canton Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61123

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	January 21/93
4. *Place of Birth,* (*Street and Number*)	#191 S. Dund St
5. *Full Name of Mother,*	Anna Schmaelenbrock
6. *Mother's Maiden Name,*	Koester
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Schmaelenbrock
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krupp
Address,	236 Canton Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21st
4. *Place of Birth, (Street and Number)* 332 Franklin St
5. *Full Name of Mother,* Mary E. ~~Fries~~ Reson
6. *Mother's Maiden Name,* " " Fries
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry Reson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return H. F. Hill Md

Address, 443 Franklin

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61125

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 29 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan 21st 1883
4. *Place of Birth, (Street and Number)* East & Front Sts
5. *Full Name of Mother* Mary C. Affarany
6. *Mother's Maiden Name* " " McCarrian
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frances Affarany
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward R McDevitt

Address 54 Aisquith St

Remarks

RETURN OF A BIRTH.

61126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 21st 1883
4. Place of Birth (Street and Number)	Baltimore & Light 305
5. Full Name of Mother	Mary Tolly
6. Mother's Maiden Name	" Trot
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Tolly
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	220 Montgomery st Balt
Remarks	

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 21st
4. *Place of Birth, (Street and Number)* 380 W. Mc Henry St
5. *Full Name of Mother,* Rebecca Smith
6. *Mother's Maiden Name,* " Ella
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Smith
9. *Father's Occupation,* Janitor of the Public Schools No. 30 & 8
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. J. Leman

Address, 36 Frederick Ave

Remarks, A hearty child

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2d

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* January 21st 1883
4. *Place of Birth,* (*Street and Number*) 353 Eastern Ave
5. *Full Name of Mother,* Mary Eliza Lewinton
6. *Mother's Maiden Name,* " " Wright
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Daniel Lewinton
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 Jan 1 1883
4. *Place of Birth, (Street and Number)*	Chester St. No. 78
5. *Full Name of Mother,*	Charlotte Garrison
6. *Mother's Maiden Name,*	Charlotte Leary
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Garrison
9. *Father's Occupation,*	Corker
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Louisa Wiley Patterson Dr.
Address,	
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61130

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 22nd 1883
4. *Place of Birth, (Street and Number)*	No 385 Canton Avenue
5. *Full Name of Mother,*	Mrs Annie Ruth
6. *Mother's Maiden Name,*	Miss Annie D Atwell
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William Ruth
9. *Father's Occupation,*	Cap-maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel H Garrett
Address,	No 65 Burke St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jany 22nd 1883
4. *Place of Birth, (Street and Number)* 210 N. Canvelton Ave
5. *Full Name of Mother* Catherine Fleckenstein
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* —
8. *Full Name of Father* Geo. Fleckenstein
9. *Father's Occupation* Merchant
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 200 N. Canvelton Ave

Remarks The Child was premature & lived only a few minutes.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st- Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jany 22nd 1883.
4. *Place of Birth, (Street and Number)* Maternité Hospital, Fannie Thomas (Col)
5. *Full Name of Mother*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Prince George Co. Md.
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return — W. Page McIntosh M.D. Res. Phys.

Address, 161. W. Lombard St.

Remarks, Illegitimate

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Jany. 22/83
4. *Place of Birth, (Street and Number)* 47 Lamm
5. *Full Name of Mother,* Susan L. Gardner
6. *Mother's Maiden Name,* " " Elliott
7. *Mother's Birthplace,* Bald Hill
8. *Full Name of Father,* Robt. C. Gardner
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* ~~Bald Hill~~ Ireland

Name of Medical Attendant, or other Person who makes this Return J. L. Wilton

Address, 77 S. Beady

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing 6/1/34

RETURN OF A BIRTH

61135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22 Cd. 1883
4. *Place of Birth, (Street and Number)* No. 72. Milliman St.
5. *Full Name of Mother,* Lizzie Höfflich
6. *Mother's Maiden Name,* Lizzie Mitchel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm Höfflich
9. *Father's Occupation,* Cannmaker
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A Butt

Address, No. 185. S.E. cor. Centre av. & Monument St.

Remarks. All Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* 2
3. *Date of Birth,* 22 January
4. *Place of Birth, (Street and Number)* 36 Baltimore
5. *Full Name of Mother,* Siggie Mike
6. *Mother's Maiden Name,* Smick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Mike
9. *Father's Occupation,* Tailor
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth,* ~~4th Boyd St~~ 22 January
4. *Place of Birth, (Street and Number)* 46 Boyd St
5. *Full Name of Mother,* Anna Mariah Dolson
6. *Mother's Maiden Name,* Anna Brown
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Earnest Dolson
9. *Father's Occupation,* Brick maker
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return. Amy Cornish

Address, 34 Boyd St. Baltimore City

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

6 1138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... male.
2. *Race or Color, (if not of the white race)* ..... Color
3. *Date of Birth,* ..... Jan. 22d 1883
4. *Place of Birth, (Street and Number)* ..... Baltimore
5. *Full Name of Mother,* ..... Annie Brown
6. *Mother's Maiden Name,* ..... Annie Wheatly
7. *Mother's Birthplace,* ..... Balto
8. *Full Name of Father,* ..... A. D.
9. *Father's Occupation,* ..... Laar.
10. *Father's Birthplace,* ..... Balto

Name of Medical Attendant, or other Person who makes this Return ..... Leo Walker

Address, ... No 15 Dresden alley

Remarks, ...

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 22 '83
4. *Place of Birth, (Street and Number)* 122 Poppleton St.
5. *Full Name of Mother,* Jennie Peregoy
6. *Mother's Maiden Name,* Jennie Roy
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George W Peregoy
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J. H. Keller MD

Address, 188 Franklin

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 22 1883
4. *Place of Birth, (Street and Number)* 195 W Eutaw St
5. *Full Name of Mother,* Teresa McCormick
6. *Mother's Maiden Name,* Teresa Anderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm J. McCormick
9. *Father's Occupation,* Clerk
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return J W Millenberger

Address, 121 W Monumental Ave

Remarks,

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Jan 1882
4. *Place of Birth, (Street and Number)* Balto Balto st No 249
5. *Full Name of Mother,* Frances Josephek
6. *Mother's Maiden Name,* Frany Blaha
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Josephek
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 09 N. Washington st

Remarks,

Mary Koplish

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61143

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 January 1883
4. *Place of Birth, (Street and Number)* 166 S. Caroline
5. *Full Name of Mother,* Gusty (Ulman) Bark
6. *Mother's Maiden Name,* Gusty Ulman
7. *Mother's Birthplace,* Bishops Vidy Europe
8. *Full Name of Father,* Rudolph Bark
9. *Father's Occupation,* Machine Hand
10. *Father's Birthplace,* Carnz. Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hannah Knowles

Address, 136 S Caroline St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of January
4. *Place of Birth, (Street and Number)* Fleet st. 324
5. *Full Name of Mother,* Barbria Smallbach
6. *Mother's Maiden Name,* B. Frick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Smallbach
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* German Bryon

Name of Medical Attendant, or other Person who makes this Return Miss Luckan

Address, 10 essex st,

Remarks, " " " "

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61144

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 2nd 1883
4. *Place of Birth, (Street and Number)* 16 Johnson St
5. *Full Name of Mother,* Mary A. Divan
6. *Mother's Maiden Name,* Mary A Thompson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Franklin M. Divan
9. *Father's Occupation,* Rail Road Man
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke Md

Address, 146 Hanover St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 25 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23rd 1883.
4. *Place of Birth, (Street and Number)* No 66 Central Ave
5. *Full Name of Mother,* Minne L ~~Beisch~~ Beischel
6. *Mother's Maiden Name,* Minnie Lepen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Paul Beischel
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Ganly st.

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1146

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st- Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jany 23rd 1883.
4. *Place of Birth, (Street and Number)* Maternite Hospital -
5. *Full Name of Mother,* Fannie Harris (Col.)
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* "Maryland" -
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return W. P. McIntosh. M.D. Res. Phys.

Address, 161- N. Lombard,

Remarks, Illegitimate - Easy labor -

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/11/17

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan, 23. 1913.
4. *Place of Birth, (Street and Number)*	202 Penna ave.
5. *Full Name of Mother,*	Laura Hallis Schaeffer.
6. *Mother's Maiden Name,*	" Andrews,
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles J. F. Schaeffer
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr W. P. Morgan
Address,	119 W Monument St.
Remarks,	

WM. J. C. DULANY & CO. ... AND STATIONERS

RETURN OF A BIRTH

61148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Margaret Elizabeth Jacob

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 23rd
4. Place of Birth, (Street and Number) No. 14 New St.
5. Full Name of Mother. Elisabeth Jacob.
6. Mother's Maiden Name, " " Wolf
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. M. Jacob,
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Luzern Reiß Geburtsh

Address, No. 29 H. Lemmick Street

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6 1149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) ~~Male~~ Male
2. Race or Color (if not of the white race)
3. Date of Birth Jan 23
4. Place of Birth (Street and Number) Eaden & Eagor Streets
5. Full Name of Mother Elizabeth Wels
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father James H Law
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J E Shultze M D

Address 211 Aisgwith

Remarks

...ations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

6115a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 28th 1883
4. *Place of Birth, (Street and Number)*	#8 Park Ave.
5. *Full Name of Mother,*	Kate Schlhorst
6. *Mother's Maiden Name,*	" Raeder
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Richard Schlhorst
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dena Willegeist
Address,	#182 E. Monument St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

f1151

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 28th 1883
4. *Place of Birth, (Street and Number)* 6 Anthony St.
5. *Full Name of Mother,* Christina Mengers
6. *Mother's Maiden Name,* Walters
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John D. Mengers
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Willegeist

Address, #182 E. Monument St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61152

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 25 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jany 23rd 1883
4. *Place of Birth, (Street and Number)*	x 63 Milliman St
5. *Full Name of Mother,*	Lousie Hall
6. *Mother's Maiden Name,*	Lousie
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Marion Hall
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml E. Powell MD
Address,	x 29 Aisquith St
Remarks,	

Extract Regulations of the Board of Health to secure the Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23/83
4. *Place of Birth, (Street and Number)* # 34 Ridgely E
5. *Full Name of Mother,* Mary E Lyons
6. *Mother's Maiden Name,* " " Hickey
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Chris A Lyons
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return ..... H L Spain M.D.

Address, ... 387 W Lombard

Remarks, ...

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

6 1154

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* negro
3. *Date of Birth* January 23rd 83
4. *Place of Birth (Street and Number)* 238 Hughes St.
5. *Full Name of Mother* Mary Dorsey
6. *Mother's Maiden Name* ~~Edwards~~
7. *Mother's Birthplace* ~~Edwards~~ Accomac C. Va
8. *Full Name of Father* Edward Dorsey
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. C. Sandrock M. D.

Address 227 Hanover St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 23, 83
4. *Place of Birth, (Street and Number)* S. Durham St. No. 33
5. *Full Name of Mother,* Katharina Weinsinger
6. *Mother's Maiden Name,* Geller
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Johann Weinsinger
9. *Father's Occupation,* Lehner
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Wm. Joh. Baubach

Address, S. Wolfe St. No. 14

Remarks,

Extract Registration of Vital Statistics in the City of Baltimore.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~357 Division Street~~ Jany 23. 1883
4. *Place of Birth, (Street and Number)* 357 Division St
5. *Full Name of Mother,* Laura A. Nelson
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Parker A. Nelson
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer MD

Address, 68 McCulloh Street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 3 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Brown Skin
3. Date of Birth	23 Jany
4. Place of Birth (Street and Number)	Gilbert st 28
5. Full Name of Mother	Henry Brisco
6. Mother's Maiden Name	Henry Brisco
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward holiday
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Lydia somerville
Address	Clinton ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* . . White

3. *Date of Birth,* Jan 23

4. *Place of Birth, (Street and Number)* 241 William st

5. *Full Name of Mother,* Annie Wall

6. *Mother's Maiden Name,* Lutch

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Denny Wall

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* oswego ny

Name of Medical Attendant, or other Person who makes this Return Albert A Nash

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 23th of January 1883.
4. *Place of Birth, (Street and Number)* 85 North Washington street.
5. *Full Name of Mother,* Emma Cammel
6. *Mother's Maiden Name,* Emma Kooper
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Kooper.
9. *Father's Occupation,* Capenate maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel.

Address, 71 North Chappel st. per Justina Kunkel.

Remarks, Healthy.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

b 1162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* C.

3. *Date of Birth,* ~~2~~ Jan 23 1883

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,* Ellen Luffman Hall.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,* Geo Luffman

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Susan Butler

Address, 22 ~~2~~ West St

Remarks,

FEB 2 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 61161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 23, 1863
4. *Place of Birth, (Street and Number)* 137 Maryland Ave
5. *Full Name of Mother,* Hattie Stevens
6. *Mother's Maiden Name,* Hattie Edmonds
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Stevens
9. *Father's Occupation,* Messenger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 12 [illegible]

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 23rd.
4. *Place of Birth, (Street and Number)* No. 2 Coal Street
5. *Full Name of Mother,* Mary Stillings
6. *Mother's Maiden Name,* " Shoup.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Stillings
9. *Father's Occupation,* Street Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return M. J. Lazarus

Address, No. 36. Frederick Ave

Remarks. Strong child

Extract Regulations of the Board of Health to Secure a Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 8 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 23rd.
4. *Place of Birth, (Street and Number)* No 87 Lemon street
5. *Full Name of Mother,* Mary McGiff
6. *Mother's Maiden Name,* Mary Burns
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph McGiff
9. *Father's Occupation,* Labor at the B & O R R
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return M. J. Lemon

Address, No. 36 Frederick Ave

Remarks. A fine Baby

Extract Regulations of the Board of Health of Baltimore, [illegible] correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61164

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 23d 1883
4. *Place of Birth, (Street and Number)* 730 Pensylvania Ave
5. *Full Name of Mother* Anna Liza Zeigler
6. *Mother's Maiden Name* Anna Liza Klein
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Jno. F. Zeigler
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Balti Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Heitzman

Address 730 Pensylvania Ave

Remarks _____

RETURN OF A BIRTH 6 1165

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* January 23. 1883.
4. *Place of Birth, (Street and Number)* North Boundary ave near N. C. R. R.
5. *Full Name of Mother,* Mary A. Gettier
6. *Mother's Maiden Name,* " " Goss
7. *Mother's Birthplace,* California
8. *Full Name of Father,* Lewis P. Gettier
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return G Lane Tanyhill

Address, 219 Madison ave

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 of Jan. 1883
4. *Place of Birth, (Street and Number)* 193 Frederick Ave.
5. *Full Name of Mother,* Helena Ruehle
6. *Mother's Maiden Name,* H. Krohs
7. *Mother's Birthplace,* Hessian Germany
8. *Full Name of Father,* Charles Ruehle
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Hessian Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiller

Address, 1017 W. Pratt St

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

01167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 23, 1883
4. *Place of Birth, (Street and Number)* 174 West St.
5. *Full Name of Mother,* Annie Murphy
6. *Mother's Maiden Name,* Anne Maloy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Henry Murphy
9. *Father's Occupation,* Employed in City Water Department
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return C. D Smith, M. D.

Address, 329 Light St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Jan 24th 1883

JAN 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 23d 1883.
4. *Place of Birth, (Street and Number)* 45 Canada Street.
5. *Full Name of Mother,* Maggie Fleishmann.
6. *Mother's Maiden Name,* Maggie Graemer.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Martin Fleishmann.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace.* America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, [illegible]

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

61169

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 23rd 1883
4. *Place of Birth (Street and Number)* 400 E. Pratt St
5. *Full Name of Mother* Annie Thompson
6. *Mother's Maiden Name* Annie Baker
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* J. R. Thompson
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Jno. S. Smith

Address 15 S. Broadway

Remarks

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 23d 1883
4. *Place of Birth, (Street and Number)* No 502 Eastern Ave
5. *Full Name of Mother,* Elizabetha Kunkel
6. *Mother's Maiden Name,* " Steier
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Charles Kunkel
9. *Father's Occupation,* Segar maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return — Mrs Elizabetta Bleg

Address, 120 Bank st.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 January
4. *Place of Birth, (Street and Number)* 275 Cross st
5. *Full Name of Mother,* Louisa Wagner
6. *Mother's Maiden Name,* Louisa Klotz
7. *Mother's Birthplace,* Weidenhausen Germany
8. *Full Name of Father,* John Wagner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Brennan Germany

Name of Medical Attendant, or other Person who makes this Return Ruth Münch

Address, 1 Leadenhall st

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 Jan 1883
4. *Place of Birth, (Street and Number)* Batto Jefferson st No 208
5. *Full Name of Mother,* Carolina Vavrina
6. *Mother's Maiden Name,* C. Duchoslav
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joe Vavrina
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roptish

Address, 697 N. Washington

Remarks,

Mary Roptish

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61173

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Jan 1883
4. Place of Birth, (Street and Number) Balto Albert st No 8
5. Full Name of Mother, Mary Heidusch
6. Mother's Maiden Name, M. Beran
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Heidusch
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roplich

Address, 69 W. Washington st

Remarks, Mary Roplich

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th January 1883
4. *Place of Birth, (Street and Number)* 88 George St
5. *Full Name of Mother,* Sarah Ellen Ireland
6. *Mother's Maiden Name,* Sarah Ellen Fowler
7. *Mother's Birthplace,* Calvert Co. Md
8. *Full Name of Father,* Thos. B. Ireland
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace.* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return Richard Stanford M.D

Address, 353 North Carey St

Remarks, Child healthy & both Mother & Child doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61175

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24th 1883
4. *Place of Birth, (Street and Number)*	No 591 Burke St
5. *Full Name of Mother,*	Mrs Catharine Altman
6. *Mother's Maiden Name,*	Miss Catharine Ebbighausen
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Mr Henry Altman
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 25 Burke St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61176

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1853

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 January
4. *Place of Birth, (Street and Number)* 124 E. Lombard
5. *Full Name of Mother.* Johannah Kirche
6. *Mother's Maiden Name,* Hess
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Kirche
9. *Father's Occupation,* Musicianer
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard stree

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61177

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 24th 1883
4. Place of Birth, (Street and Number) No 10 Bourough st
5. Full Name of Mother Francis Etowske
6. Mother's Maiden Name Francis Schieman
7. Mother's Birthplace Germany
8. Full Name of Father John Etowske
9. Father's Occupation Gardenner
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Horning

Address No 18 Byrd st

Remarks

Extract Regulations of the Board of Health in Record of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

Extract Regulations of the Board of Health to secure a full and [illegible]

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

61177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 24th 1883
4. *Place of Birth, (Street and Number)* No 10 Bourough st
5. *Full Name of Mother* Francis Etowske
6. *Mother's Maiden Name* Francis Schieman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Etowske
9. *Father's Occupation* Gardenner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hornung

Address No 18 Byrd st

Remarks

RETURN OF A BIRTH

61178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 24 1883
4. *Place of Birth, (Street and Number)*	corner of Spring St. & Boundary Ave
5. *Full Name of Mother,*	Mary Granville
6. *Mother's Maiden Name,*	Ewig
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Granville
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other Person who makes this Return	Mary Stein
Address,	151 E. Pratt St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 4 Days old
4. *Place of Birth, (Street and Number)* Balto No 1- Smith Corte
5. *Full Name of Mother,* Bessie Fishes
6. *Mother's Maiden Name,* Bessie Cole
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Choo Fishes
9. *Father's Occupation,* Tear
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return Lear Walker

Address, No 15 Dunbar Alley E. B. Balto

Remarks, ...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2 nd
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	January 24th
4. *Place of Birth*, (*Street and Number*)	2 Ramsey st
5. *Full Name of Mother*,	Maggie Murphy
6. *Mother's Maiden Name*,	" Roach
7. *Mother's Birthplace*,	Balto.
8. *Full Name of Father*,	Henry Murphy
9. *Father's Occupation*,	Clerk
10. *Father's Birthplace*,	Balto.
Name of Medical Attendant, or other Person who makes this Return	C. L. Buddenbohn M.D.
Address,	166 S. Paca st.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 January
4. *Place of Birth, (Street and Number)* 328 Orleans St
5. *Full Name of Mother,* Eliza Jane Sullivan
6. *Mother's Maiden Name,* " " Orr
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* George Grant Sullivan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — J J Gross

Address, 137 Orleans St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6 11 82

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 9

1. *Sex,* (*state whether male or female*) Finale
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* 24th of January
4. *Place of Birth,* (*Street and Number*) 124 Orleans St
5. *Full Name of Mother,* Mary Washington
6. *Mother's Maiden Name,* Mary Day
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Washington
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Maly Walter

Address, 125 N. Caroline

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	6 child
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	24 January 1883
4. *Place of Birth,* (*Street and Number*)	44 Clinton Street
5. *Full Name of Mother,*	Marylizzie Schwartz Nitzel
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Schwartz
9. *Father's Occupation,*	Label
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Conrad Wiley Patterson Carter
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 6 11 84

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Jan 1885
4. *Place of Birth, (Street and Number)* Bethel Chapel at No 206
5. *Full Name of Mother.* Louisa Paulsen
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father.* Paul Paulsen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Rafferty

Address, 69 N. Washington st

Remarks, Mary Rafferty

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6118 5

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 24-'83

4. Place of Birth, (Street and Number) 233 Pierce St

5. Full Name of Mother Mary Ann Machen

6. Mother's Maiden Name Wells

7. Mother's Birthplace Port Tobacco Charles Co, Md,

8. Full Name of Father Wm. Thomas Machen

9. Father's Occupation Painter

10. Father's Birthplace Balto City Md

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6118.1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN. 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-11
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	January 24-'83
4. *Place of Birth, (Street and Number)*	233 Pierce St
5. *Full Name of Mother*	Mary Ann Machen
6. *Mother's Maiden Name*	Wells
7. *Mother's Birthplace*	Port Tobacco Charles Co, Md,
8. *Full Name of Father*	Wm. Thomas Machen
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Balto City Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

19

RETURN OF A BIRTH, 61186

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jany 25th 1883
4. *Place of Birth, (Street and Number)* 64 South Sharp cor Pratt St
5. *Full Name of Mother* Helen Spear
6. *Mother's Maiden Name* Kronheimer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Spear
9. *Father's Occupation* Shoe store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John Morris MD

Address 5 Franklin St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6 1187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 25, 1883
4. *Place of Birth, (Street and Number)* N. Bethel St. No. 110
5. *Full Name of Mother,* Karoline Korn
6. *Mother's Maiden Name,* Karoline Engelhardt
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Johann Korn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61188

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 25th 1883.
4. *Place of Birth, (Street and Number)*	1 Tenant St.
5. *Full Name of Mother,*	Alice Virginia Butterfield Phillips
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Williamsburg Va.
8. *Full Name of Father,*	David Butterfield
9. *Father's Occupation,*	Public School Teacher
10. *Father's Birthplace,*	Elmira N.Y.
Name of Medical Attendant, or other Person who makes this Return	J. H. Johnston M.D.
Address,	431 Lemmon Ave.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 28th 1883
4. *Place of Birth, (Street and Number)*	477 W Fayette St
5. *Full Name of Mother,*	Vashti Hubbard
6. *Mother's Maiden Name,*	Vashti Grace
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Eugene Hubbard
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	J. B. Noble, M.D
Address,	56 Hanover
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 25th 1883
4. *Place of Birth, (Street and Number)* 319 Sharp St
5. *Full Name of Mother,* Margaret A Rissett
6. *Mother's Maiden Name,* Margaret A. Riggin
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Rissett
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke MD

Address, 140 Hanover St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 25 83
4. *Place of Birth, (Street and Number)*	374 Mulberry
5. *Full Name of Mother,*	Mollie Shorey
6. *Mother's Maiden Name,*	" Edmunds
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Miles Shorey
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie
Address,	39 N Carey
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 25th
4. *Place of Birth, (Street and Number)*	938 Lefr St.
5. *Full Name of Mother,*	Sarah Krouse
6. *Mother's Maiden Name,*	Sarah Ring
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Sol. Krouse
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	2 Cathedral St.
Remarks,	

RETURN OF A BIRTH

6119 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan. 25th 1883
4. *Place of Birth*, (*Street and Number*)	Baltimore Columbia Av. 196
5. *Full Name of Mother*,	Ella Lawson
6. *Mother's Maiden Name*,	" Mahaney
7. *Mother's Birthplace*,	England
8. *Full Name of Father*,	George Lawson
9. *Father's Occupation*,	Colored Waiter
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	M.D. 58 Bankin st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd "
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Jan. 23rd " 1883
4. *Place of Birth,* (*Street and Number*)	Baltimore Ryan st " 25
5. *Full Name of Mother*	Carrie Miles
6. *Mother's Maiden Name,*	" Ganz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Williams Miles
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Ca. Mitchell
Address,	No. 38 Perkins st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61195

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 25th 83
4. *Place of Birth, (Street and Number)* Rear of 87 Cookson St. Locust Pt.
5. *Full Name of Mother,* Mrs Powers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. L R. Coale M.D.

Address, 118 Cathedral St.

Remarks, Small Pox was in the house & I was unable to obtain more particulars

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

611196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 28th 1883
4. *Place of Birth, (Street and Number)*	1911 Vincent st
5. *Full Name of Mother,*	Ida Franklin
6. *Mother's Maiden Name,*	Ida Gray
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo D Franklin
9. *Father's Occupation,*	Letter Carrier
10. *Father's Birthplace.*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M D
Address,	140 Mann st
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

61197

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 22 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan 25th 1883
4. *Place of Birth, (Street and Number)* 28 E. Lombard St
5. *Full Name of Mother* Agnes Clark
6. *Mother's Maiden Name* " Drumgool
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William B. Clark
9. *Father's Occupation* Flour & Feed dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address 54 Aisquith St

Remarks

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

61198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* januvery 25
4. *Place of Birth (Street and Number)* bank sta tow doors from wolf st
5. *Full Name of Mother* bette ramman
6. *Mother's Maiden Name* Scotch
7. *Mother's Birthplace* richmond verz
8. *Full Name of Father* wellum ramman
9. *Father's Occupation* blacksmith
10. *Father's Birthplace* calaforneu

Name of Medical Attendant, or other Person who makes this Return. Mary Partner

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

61197

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 29 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan 25th 1883
4. *Place of Birth, (Street and Number)* 28 E. Lombard St
5. *Full Name of Mother* Agnes Clark
6. *Mother's Maiden Name* " Drumgool
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William B. Clark
9. *Father's Occupation* Flour & Feed dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address 54 Assignee St

Remarks

61198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 2 1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* jannery 95
4. *Place of Birth (Street and Number)* bark st tow doors from wolf st
5. *Full Name of Mother* bette ramman
6. *Mother's Maiden Name* Scotch
7. *Mother's Birthplace* richmond very
8. *Full Name of Father* wellum ramman
9. *Father's Occupation* blacksmith
10. *Father's Birthplace* calaforma

Name of Medical Attendant, or other Person who makes this Return. Mary Carter

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

61179

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6) Child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~[illegible]~~ Jan. 25th 1883
4. *Place of Birth (Street and Number)* 174 N. Wolfe St.
5. *Full Name of Mother* Maggie Jane Bigger
6. *Mother's Maiden Name* Reprath.
7. *Mother's Birthplace* York Pa.
8. *Full Name of Father* John Bigger
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. G. A. Lauer M.D.

Address 105 N. Central Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61200

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Born Jan 25 1883
4. *Place of Birth, (Street and Number)* No 18 porosh alley
5. *Full Name of Mother,* Mary Jane Brawn
6. *Mother's Maiden Name,* Mary J. Willison
7. *Mother's Birthplace,* Calbert county Md
8. *Full Name of Father,* thomas Brawn
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Anundreal County Md

Name of Medical Attendant, or other Person who makes this Return Charlott Warren

Address, No 258 Raloig St

Remarks, Born sick so poes from a frite

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 31 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 25th 1883
4. *Place of Birth, (Street and Number)*	513 Aisquith st
5. *Full Name of Mother,*	Mary Winn
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thomas Winn
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Richmond Va
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	256 E Preston st
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 25 83
4. *Place of Birth, (Street and Number)*	S. E. Cor W Fayette & Mount
5. *Full Name of Mother,*	Jimmie W. S. Smallwood
6. *Mother's Maiden Name,*	Groves.
7. *Mother's Birthplace,*	No. Ca.
8. *Full Name of Father,*	George L. Smallwood
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	N. C.
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M D
Address,	39 N. Carey St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 25th
4. *Place of Birth, (Street and Number)*	Baltimore Intersection No. 3
5. *Full Name of Mother,*	Kate Wagner
6. *Mother's Maiden Name,*	Kate Gulb
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Conrad Wagner
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Town Europe
Name of Medical Attendant, or other Person who makes this Return	Simon Riley Fullerson M.D.
Address,	
Remarks,	

Correct Returns of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 26 1883
4. *Place of Birth, (Street and Number)* No 20 Mulberry St
5. *Full Name of Mother,* Maria Housman
6. *Mother's Maiden Name,* " Mooney
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Geo M Housman
9. *Father's Occupation,* Caterer
10. *Father's Birthplace,* Germany Dornstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Eli W. Free M.D.

Address, 192 North Carey St

Remarks, Child Female. Not much over 8 months. Will probably live

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 26th 1883.
4. *Place of Birth, (Street and Number)*	23 E Baltimore St.
5. *Full Name of Mother,*	Mary Konig
6. *Mother's Maiden Name,*	" Johnsiden.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Henry D Konig
9. *Father's Occupation,*	Shoe Store
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	D W Cathcart M.D
Address,	2 N Broadway
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61206

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 26, 1883
4. *Place of Birth, (Street and Number)* S. Castle St. No. 45.
5. *Full Name of Mother,* Mathilde Staake.
6. *Mother's Maiden Name,* Mathilde Lucke.
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Anton Staake.
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace.* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1 Pallas St. No. 26.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61207

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* January 26th 3 oclock A.M. 1883

4. *Place of Birth, (Street and Number)* 108 Schroeder st

5. *Full Name of Mother,* Mrs Lydia Bennet

6. *Mother's Maiden Name,* Mrs Lydia Rodemeyer

7. *Mother's Birthplace,* Baltimore, md

8. *Full Name of Father,* Joseph Bennet

9. *Father's Occupation,* Junk Dealer

10. *Father's Birthplace,* Baltimore, md

Name of Medical Attendant, or other Person who makes this Return Mrs ~~Lydia Bennet~~ Ledley

Address. 108 Schroeder st

Remarks, Healthy Mulatto

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

61208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name. John Leonard Frantz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 26th 1883
4. *Place of Birth, (Street and Number)*	No 98 Fort ave.
5. *Full Name of Mother,*	Mary Frantz
6. *Mother's Maiden Name,*	Apple
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Frantz
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J Johnson midwife
Address,	330 Hanover st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26th/13
4. *Place of Birth, (Street and Number)* # 4 St Peter St
5. *Full Name of Mother,* Emma Boehl
6. *Mother's Maiden Name,* " Mary
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Geo. Boehl
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spiers Mo

Address, 387 W. Lombard St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

44 RETURN OF A BIRTH 61210

~~To~~ the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26 1883
4. *Place of Birth, (Street and Number)* No 63 Cross Street
5. *Full Name of Mother,* Anna Harison
6. *Mother's Maiden Name,* Anna Starr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Champion Harison
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, No 10 Abys Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61211

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 of January 1883
4. *Place of Birth, (Street and Number)* No 6 Parker St City
5. *Full Name of Mother,* Eliza Written House
6. *Mother's Maiden Name,* ~~Philla Penn~~ Eliza Standwell
7. *Mother's Birthplace,* Philla Penn
8. *Full Name of Father,* Abert Written House
9. *Father's Occupation,* Colector
10. *Father's Birthplace,* Fredrick Md

Name of Medical Attendant, or other Person who makes this Return. Ann Cornish

Address, 34 Boyed St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61212

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 21 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* ~~Female~~ MALE, DANIEL CLARIDGE BOTELER
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26th.
4. *Place of Birth, (Street and Number)* No. 120 Ridgley St.
5. *Full Name of Mother,* Cassie Boteler
6. *Mother's Maiden Name,* (~~Schafer~~) HERLING
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* (~~John~~) Boteler, ~~DA~~ COLUMBUS ZANE
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. [signature] M.D.

Address, N.E. Cor. Columbia Ave. & S. Remont St.

Remarks, Child in good physical condition & living.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

61213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 26? 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 26/83
4. Place of Birth (Street and Number)	48 Park Ave
5. Full Name of Mother	Annie
6. Mother's Maiden Name	Reynolds
7. Mother's Birthplace	Virginia
8. Full Name of Father	Eugene Geo
9. Father's Occupation	Tobacconist
10. Father's Birthplace	France
Name of Medical Attendant, or other Person who makes this Return.	Jno H Smith M.D.
Address	281 N. Charles St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 26, 83
4. *Place of Birth, (Street and Number)* Fountrystr No 13
5. *Full Name of Mother,* Matzilde Hamann
6. *Mother's Maiden Name,* Schoenhaar
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Karl Hamann
9. *Father's Occupation,* Ingenieur
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mr Joh. Baubach

Address, 3 S Wolf 14

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	8th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Jan. 26th 1883
4. *Place of Birth*, (*Street and Number*)	Baltimore St. Peter & No. 21
5. *Full Name of Mother*,	Sarah Conner
6. *Mother's Maiden Name*,	M Adams.
7. *Mother's Birthplace*,	Shepherdstown Town
8. *Full Name of Father*,	Charles Conner
9. *Father's Occupation*,	Baker.
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 58 Pratt St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Births in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 26th 1883
4. *Place of Birth, (Street and Number)* Baltimore Wood. ward. A No. 42
5. *Full Name of Mother,* Alvertia Snider
6. *Mother's Maiden Name,* " Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Snider
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 58 Parkin St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1903

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* January 26
4. *Place of Birth,* (*Street and Number*) Maryland & G 39
5. *Full Name of Mother,* Hannah M Wilson
6. *Mother's Maiden Name,* Hannah M Parran
7. *Mother's Birthplace,* St Marys Co Md
8. *Full Name of Father,* James Wilson
9. *Father's Occupation,* Ordinary Laborer
10. *Father's Birthplace,* St Marys Co Md

Name of Medical Attendant, or other Person who makes this Return Anna Dunbar

Address, 122 N dallas st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 29 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 26th 1883
4. *Place of Birth, (Street and Number)* No 636 S Charles St
5. *Full Name of Mother,* Laura A Hudson
6. *Mother's Maiden Name,* Laura A Hinton
7. *Mother's Birthplace,* Balt co md
8. *Full Name of Father,* Wm Richard Hudson
9. *Father's Occupation,* Freight Loan on B. & O. R.R.
10. *Father's Birthplace,* Balt Co md

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No. 636 S. Charles Street

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 26th 1883
4. Place of Birth, (Street and Number) 67 Hill St
5. Full Name of Mother, Wilhemina Haring
6. Mother's Maiden Name, Wilhemina Strong
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Joseph B. Haring
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke Md

Address, 146 Hanover

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 of Jan. 1883
4. *Place of Birth, (Street and Number)* 995 W. Pratt St.
5. *Full Name of Mother,* Lina Heinz
6. *Mother's Maiden Name,* L. Shlent
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Frederick Heinz
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mr. Miller

Address, 1055 W. Pratt St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	3 child
1. *Sex*, (*state whether male or female*)	boy
2. *Race or Color*, (*if not of the white race*)	white
3. *Date of Birth*,	24 January
4. *Place of Birth*, (*Street and Number*)	239 E Eager Street
5. *Full Name of Mother*,	Lena Bergmann
6. *Mother's Maiden Name*,	Lena Meier
7. *Mother's Birthplace*,	Lohne Oldenburg
8. *Full Name of Father*,	Henri Bergmann
9. *Father's Occupation*,	Cigarrenmacher
10. *Father's Birthplace*,	Backem Oldenburg
Name of Medical Attendant, or other Person who makes this Return	Anna Walter
Address,	239 E Eager Street
Remarks,	

FEB 1893

J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown complexion.
3. Date of Birth, January 26th 1883
4. Place of Birth, (Street and Number) 88 Saratoga St.
5. Full Name of Mother, Ellen Pratt.
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace, Hagerstown Md.
8. Full Name of Father, John Pratt.
9. Father's Occupation, Restaurant
10. Father's Birthplace. Baltimore.

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 6 Hamilton St

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) girl Child

1. *Sex, (state whether male or female)* femal

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* Anrandel Conty

4. *Place of Birth, (Street and Number)* 26 Jen

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Isabeller Stepney

7. *Mother's Birthplace,*

8. *Full Name of Father,* Wm Henry Hill

9. *Father's Occupation,* Driving Cart

10. *Father's Birthplace,* Petersburg VA

Name of Medical Attendant, or other Person who makes this Return Miss Susan Butler

Address, West St 222

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61224

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Mal
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan. 26. 83
4. *Place of Birth, (Street and Number)*	# 220 Conway St.
5. *Full Name of Mother,*	Emelia Bollman
6. *Mother's Maiden Name,*	" Wondrehlen
7. *Mother's Birthplace,*	Baltmore
8. *Full Name of Father,*	Chas. Bollman
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltmore
Name of Medical Attendant, or other Person who makes this Return	Mary Krol
Address,	# 328 S. Eutaw St.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61225

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex. (state whether male or female)* Female
2. *Race or Color. (if not of the white race)*
3. *Date of Birth,* January 26th
4. *Place of Birth, (Street and Number)* 93 Mulberry St.
5. *Full Name of Mother,* Mary Gluckstein.
6. *Mother's Maiden Name,* Mary Follmayer
7. *Mother's Birthplace,* Toledo, Ohio.
8. *Full Name of Father.* John Gluckstein.
9. *Father's Occupation,* Boot & Shoe Manufacturer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Anne Lindner

Address, No 45 S Monroe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 of January 1883.
4. *Place of Birth, (Street and Number)* 192 Charles cor. of York St.
5. *Full Name of Mother,* Margaretha ~~Koerber~~ Lauterbach
6. *Mother's Maiden Name,* " ~~Lautebach~~ Koerber
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Lauterbach.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Käth Münch

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26 1890
4. Place of Birth, (Street and Number) 143 N. Exeter St.
5. Full Name of Mother, Sadie Streett
6. Mother's Maiden Name, Sadie Fullerbaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Streett M.D.
9. Father's Occupation, Physician
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return D. Streett, M.D.

Address, 143 N. Exeter St.

Remarks, S. A. I. A. both well & present

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61228

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 26th 1883
4. Place of Birth (Street and Number)	Washington av 100
5. Full Name of Mother	Lizzie Seifert
6. Mother's Maiden Name	Lizzie Fuchs
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Adam Seifert
9. Father's Occupation	Carter
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Kraning
Address	60 Parkside st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 26th Jan 1883
4. Place of Birth (Street and Number) 12 Marshall St
5. Full Name of Mother Emma ~~Dietz~~ McQuade
6. Mother's Maiden Name " Dietz
7. Mother's Birthplace New Jersey
8. Full Name of Father James McLeod
9. Father's Occupation Gilder Velvet
10. Father's Birthplace New Jersey

Name of Medical Attendant, or other Person who makes this Return. O A Cook M.D.

Address 513 Light St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

012-30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26th 1883
4. *Place of Birth, (Street and Number)* No 42 N. High st.
5. *Full Name of Mother,* Florence Berger
6. *Mother's Maiden Name,* Florence Ayres
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Albert. M. Berger
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Buffalo N. Y.

Name of Medical Attendant, or other Person who makes this Return Mrs W. Haennel Midwife

Address, Holt street No 21 Baltimore

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6123/

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 26. 1883
4. *Place of Birth, (Street and Number)*	Baltimore Aisquith St. no. 104
5. *Full Name of Mother,*	Rose Collins
6. *Mother's Maiden Name,*	Rose Fountain
7. *Mother's Birthplace,*	Somerset County maryland
8. *Full Name of Father,*	Stephen Collins
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	Somerset County maryland
Name of Medical Attendant, or other Person who makes this Return.	Sallie pennington
Address,	94 Jasper Street
Remarks,	Baltimore Md.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) ninth child

1. *Sex,* (*state whether male or female*) female
2. *Race or Color.* (*if not of the white race*) colored child
3. *Date of Birth,* 7th of August 1882
4. *Place of Birth,* (*Street and Number*) No 22 Jenkins Alley
5. *Full Name of Mother.* Mary Jane Stewart
6. *Mother's Maiden Name.* Mary Jane Heath
7. *Mother's Birthplace.* Queenanns County Eastern Shore Md.
8. *Full Name of Father.* John Henry Stewart
9. *Father's Occupation,* Livery Stable
10. *Father's Birthplace.* Talbot County Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

61235

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Sat Jan 27th 1883
4. Place of Birth, (Street and Number) No. 85 Cor Monroe & Wilhelm St
5. Full Name of Mother Mary Speden
6. Mother's Maiden Name Mary Borne
7. Mother's Birthplace Maryland.
8. Full Name of Father Robert Speden
9. Father's Occupation Brick Layer.
10. Father's Birthplace Maryland.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No. 57 Bantaloe St.

Remarks

RETURN OF A BIRTH b1234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 4th 1885
4. *Place of Birth, (Street and Number)*	No 5. 7 Strichen st
5. *Full Name of Mother,*	Mary E Rodgers
6. *Mother's Maiden Name,*	Mary E Sullivan
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	James Horatius Sullivan
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address,	192 Pratt st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 8-12-48

RETURN OF A BIRTH

6123.5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Cecilia ~~Schleifer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (8) eight

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Janua 27 – 1883.
4. *Place of Birth, (Street and Number)* 107 Columbia st.
5. *Full Name of Mother,* Eva ~~(Schleifer)~~ Schleifer
6. *Mother's Maiden Name,* Eva Bingold
7. *Mother's Birthplace,* Bavaria Bavaria
8. *Full Name of Father,* George ~~(Schleifer)~~ Schleifer
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bavaria Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs Kunigunda Schleifer

Address, 20 Columbia Sto!

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61236

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th of January.
4. *Place of Birth, (Street and Number)* Hudson Alley
5. *Full Name of Mother,* Honora Hayes.
6. *Mother's Maiden Name,* " Dugan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Hayes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 269 Cathedral St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1883
4. *Place of Birth, (Street and Number)* 30 Richmond Street
5. *Full Name of Mother,* Mary Quale Cassey
6. *Mother's Maiden Name,* ~~Ireland~~ Mary Quale
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Andrew Cassy
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, C B Gamble M D

Remarks, 59 Cathedral

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 2nd Child

1. *Sex.* (*state whether male or female*) Boy.
2. *Race or Color.* (*if not of the white race*) White
3. *Date of Birth.* 27 of January 1883.
4. *Place of Birth.* (*Street and Number*) 55 South Durham St.
5. *Full Name of Mother.* Annie Bratler
6. *Mother's Maiden Name.* Annie May.
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* John May
9. *Father's Occupation.* Printer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address. 11 North Chapel st per Justina Kunkel

Remarks. Healthy.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 27th 1888
4. *Place of Birth, (Street and Number)*	76 Chestnut St
5. *Full Name of Mother,*	Fiance Banks
6. *Mother's Maiden Name,*	Fiance Thompson
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Peter Banks
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Gardner
Address,	5 Forrest St
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61242

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* january 27th

4. *Place of Birth, (Street and Number)* no 11 king st

5. *Full Name of Mother,* martha jackson

6. *Mother's Maiden Name,* martha homes

7. *Mother's Birthplace,* colbert county

8. *Full Name of Father,* james jackson

9. *Father's Occupation,* laborer

10. *Father's Birthplace,* colbert county

Name of Medical Attendant, or other Person who makes this Return mrs Lydia Porter

Address, no 4 patapsco avenue

Remarks, healthy child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

61241

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27
4. *Place of Birth, (Street and Number)* Corner of Pardland & Emory St
5. *Full Name of Mother,* Annie Mack
6. *Mother's Maiden Name,* Annie Weigert
7. *Mother's Birthplace,* Fritzberg Beirn
8. *Full Name of Father,* Charles Mack
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Seebach

Remarks, No. 439 W. Pratt st.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61242

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 27th 1883
4. Place of Birth, (Street and Number)	Baltimore Schroeder St. No. 45
5. Full Name of Mother,	Sarah Cowen
6. Mother's Maiden Name,	" Fleming
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	William Cowen
9. Father's Occupation,	Hack Man
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Mitchell
Address,	No. 58 Parker St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61243

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27th. 1883
4. *Place of Birth, (Street and Number)*	No 237 Orleans St.
5. *Full Name of Mother,*	Maggie Durkin.
6. *Mother's Maiden Name,*	Maggie Harris
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Durkin
9. *Father's Occupation,*	Sea Faring Man
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other Person who makes this Return	M. J. Butt.
Address,	No 180 S E. cor Central av. & Monument St.
Remarks,	All Well

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61244

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 3 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	~~Female~~ Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27. 1883
4. *Place of Birth, (Street and Number)*	96 Carrollton Avenue
5. *Full Name of Mother,*	Sue A Worley
6. *Mother's Maiden Name,*	Waters
7. *Mother's Birthplace,*	Montgomery County Md
8. *Full Name of Father,*	Wm H Worley
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Marbury Brown Md
Address,	68 McCulloh St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1245

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27
4. *Place of Birth, (Street and Number)*	155 William st
5. *Full Name of Mother,*	Alice Dunnock
6. *Mother's Maiden Name,*	Alice Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel F Dunnock
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Dorchester county
Name of Medical Attendant, or other Person who makes this Return	Mrs Ann Nash
Address,	
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61246

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 & 6th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored race
3. Date of Birth	24th of January
4. Place of Birth (Street and Number)	No 13 Little Pacca Street
5. Full Name of Mother	Caroline ~~Smith~~ Jones
6. Mother's Maiden Name	Caroline Smith
7. Mother's Birthplace	Charles County
8. Full Name of Father	Walter Jones
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address	213 Dover Street
Remarks	The child and mother doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61247

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	X 128 Madison Pl
4. *Place of Birth* (Street and Number)	X January 27th '83
5. *Full Name of Mother*	Cora W Powell
6. *Mother's Maiden Name*	Waring
7. *Mother's Birthplace*	Mobile Ala
8. *Full Name of Father*	Ref. H. Powell
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Leesburg Ga
Name of Medical Attendant, or other Person who makes this Return.	Ref H Powell MD
Address	128 Madison Pl
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

(12487)

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jany 27th 1883
4. *Place of Birth, (Street and Number)* 19 E. Biddle St
5. *Full Name of Mother,* Sadie Beacham
6. *Mother's Maiden Name,* " Briscoe
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Stewart Beacham
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return [illegible] MD.

Address, 137 Orleans St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27th 1883
4. *Place of Birth, (Street and Number)* St Vincents' Infant Asylum
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Amanda Smith
7. *Mother's Birthplace,* Va
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return — Sisters of Charity

Address,

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61250

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB. 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 January 1883
4. *Place of Birth, (Street and Number)* 195 Pattersonian Park Ave.
5. *Full Name of Mother,* Pauline Bausley
6. *Mother's Maiden Name,* Rusch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Bausley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Wiley Patterson Park Ave.

Address,

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 11251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 27 1883.
4. *Place of Birth, (Street and Number)*	102 S. Fulton Ave
5. *Full Name of Mother,*	Mary Heinrich
6. *Mother's Maiden Name,*	" Kiesser
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Heinrich
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	39 N. Carey St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

51252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 27th 1883
4. *Place of Birth, (Street and Number)* No 157 S Washington st
5. *Full Name of Mother* Anna Loertto
6. *Mother's Maiden Name,* " Stinsendoerfer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm Loertto
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or female)* Weiblich
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* 27 Januar
4. *Place of Birth, (Street and Number)* 294 Gros strit
5. *Full Name of Mother,* Julia Kasten
6. *Mother's Maiden Name,* Hauk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Kasten
9. *Father's Occupation,* Schuhmacher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Käth Münch

Address, 1 Leadenhall st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 27 (1883)
4. *Place of Birth, (Street and Number)* 357 Columbia Av.
5. *Full Name of Mother,* Mary J. Ziegler
6. *Mother's Maiden Name,* Mary J. King
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Henry A. Ziegler
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* York Pa

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary E. Bentley, 98 Columbia av

Remarks, Mid Wife

Child Living

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 3 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the Date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 January 1883
4. *Place of Birth, (Street and Number)*	Hare street South of Hudson
5. *Full Name of Mother,*	Mary Ann Clarok
6. *Mother's Maiden Name,*	Mary A. Clark
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Clark
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sarah Gullens
Address,	104 Curley street canton
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 4 child

1. *Sex,* (*state whether male or female*) girl
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 27 January 3 22 Risquith Street
4. *Place of Birth,* (*Street and Number*) 3 22
5. *Full Name of Mother,* Marie Franz
6. *Mother's Maiden Name,* Marie Hauffmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie Franz
9. *Father's Occupation,* Vtt Albeamittlau Crasseries
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 3 27 E. Eager Street

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan; 27. at 6. P. M.
4. Place of Birth, (Street and Number) 251. South Howard St.
5. Full Name of Mother, Catherine Elisbht; Kaulfuss.
6. Mother's Maiden Name, " " Scheaffer.
7. Mother's Birthplace, Balto; City
8. Full Name of Father, Clemens Kaulfuss
9. Father's Occupation, Glass Engraver
10. Father's Birthplace, Bohemia.

Name of Medical Attendant, or other Person who makes this Return Mrs. Munch

Address,

Remarks, A healthy Chap.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61258

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Twelve Th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* January 27th 1883
4. *Place of Birth,* (*Street and Number*) 206 Hamburg St Balto
5. *Full Name of Mother,* Sarah Catherine Meredith
6. *Mother's Maiden Name,* Sarah Catharine Crew
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John H Meredith
9. *Father's Occupation,* Grain Measurer
10. *Father's Birthplace,* Kent Island Md

Name of Medical Attendant, or other Person who makes this Return Amelia Gross

Address, No 12 Plum Alley Balto

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Jan 1883
4. *Place of Birth, (Street and Number)* Balto S. Amm st No 257
5. *Full Name of Mother,* Mr Mushenowski
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Mushenowski
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary O Toolan

Address, 69 N. Washington st

Remarks, Mary O Toolan

JAN 30 1883

DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6126a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 1882
4. *Place of Birth, (Street and Number)* Balto Wolf st No 58
5. *Full Name of Mother,* Anna Deizel
6. *Mother's Maiden Name,* Anna Whasha
7. *Mother's Birthplace,* Bohemia,
8. *Full Name of Father,* Henry Deizel
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Hoptish

Address, 64 W. Washington st

Remarks,

Mary Hoptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61361

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 27 1883
4. *Place of Birth, (Street and Number)*	89 N Washington St
5. *Full Name of Mother,*	Katie Keesler
6. *Mother's Maiden Name,*	Young
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Keesler
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Allen
Address,	284 N Donagh St
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 27. 1893
4. *Place of Birth, (Street and Number)*	892 E Madison St
5. *Full Name of Mother,*	Maggie E. Arthur Slangle
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Edward Arthur
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace.*	Md
Name of Medical Attendant, or other Person who makes this Return	Mary A. Atwell
Address,	286 McDonough st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

11263

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN. 30 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 27. 1883.
4. *Place of Birth, (Street and Number)*	S.E. Cor. Pratt & High Sts.
5. *Full Name of Mother,*	Mary Geiger.
6. *Mother's Maiden Name,*	Mary Logsdon.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Jno. W. Geiger.
9. *Father's Occupation,*	Pharmaceutist.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address,	254 Carrollton Ave.
Remarks,	Child Healthy.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Jan 27th 83
4. *Place of Birth*, (*Street and Number*)	# 8 Brick alley
5. *Full Name of Mother*,	Annie Leibold.
6. *Mother's Maiden Name*,	" Kingman
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Paul Leibold
9. *Father's Occupation*,	Shoemaker
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Krol.
Address,	# 328 S. Eutaw St
Remarks,	

JAN 30 1883

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 28th 1883
4. *Place of Birth, (Street and Number)*	No 44 Warren st.
5. *Full Name of Mother,*	Emma Kraus
6. *Mother's Maiden Name,*	Caulk
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Kraus
9. *Father's Occupation,*	Dealer in Wood and Coal
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwarze midwife
Address,	330 Hanover st.
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61266

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 28 — 1883
4. *Place of Birth, (Street and Number)* No 402 Hanover st.
5. *Full Name of Mother,* Elisabeth Casey
6. *Mother's Maiden Name,* Kerah
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Patrick Casey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61267

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 28th 1883
4. *Place of Birth, (Street and Number)* gilmor st No 103
5. *Full Name of Mother,* Fanny Pyles
6. *Mother's Maiden Name,* Fanny Weist
7. *Mother's Birthplace,* Prince georges Co Md
8. *Full Name of Father.* Julien E Pyles
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Princes George Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, No 192 Pratt st

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January the 28th 1883
4. *Place of Birth, (Street and Number)* Lombard st 504
5. *Full Name of Mother,* Mary C Wirth
6. *Mother's Maiden Name,* Mary C Redamann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* gurlap Wirth
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mr Kelly

Address, 792 Bull st

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex, (state whether male or female)* Male child
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* Bound on 28
4. *Place of Birth, (Street and Number)* Hughes st, 182
5. *Full Name of Mother,* Fancy McKeny
6. *Mother's Maiden Name,* Fancy Burton
7. *Mother's Birthplace,* Lowbridge st Mas
8. *Full Name of Father,* Joseph McKeeny
9. *Father's Occupation,* cole cart driver
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Marrier Potter

Address, 274 Mongomery st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61270

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 28. 1883
4. *Place of Birth (Street and Number)* Charles St. no. number
5. *Full Name of Mother* Sarah Brisco
6. *Mother's Maiden Name* Sarah Fardwell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thos. Brisco
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Caskey

Address 134. Hamburg St

Remarks Doing Well

Feet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61271

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	6th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	Colored
3. *Date of Birth*,	January 28th 1882
4. *Place of Birth*, (*Street and Number*)	34 Chestnut St
5. *Full Name of Mother*,	Julia Anderson
6. *Mother's Maiden Name*,	
7. *Mother's Birthplace*,	Md
8. *Full Name of Father*,	
9. *Father's Occupation*,	
10. *Father's Birthplace*.	
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	5 Forrest St
Remarks,	

FEB 3 1882

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th of January
4. *Place of Birth, (Street and Number)* 64 Dolphin St
5. *Full Name of Mother,* Gertrude Ruby
6. *Mother's Maiden Name,* Mitchell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Ruby
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 369 Cathedral St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61273

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 28 January
4. *Place of Birth, (Street and Number)* Lee St 2040
5. *Full Name of Mother,* Frances Fulman
6. *Mother's Maiden Name,* Fulman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Fulman
9. *Father's Occupation,* Singer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross St 368

Remarks,

That any physician, accoucheur, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61274

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thirth (3.)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	No 26 E. Biddle St.
4. *Place of Birth, (Street and Number)*	Jany 28. 1883.
5. *Full Name of Mother,*	Marie Lotz
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Willdm Lotz
9. *Father's Occupation,*	Labor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes St.
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 28th 1883
4. *Place of Birth, (Street and Number)* #21 Holland St.
5. *Full Name of Mother,* Mary E. Taylor
6. *Mother's Maiden Name,* " Bayner
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* John W. Taylor
9. *Father's Occupation,* Soap Maker
10. *Father's Birthplace,* Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #182 E. Monument Street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	28 January 1883
4. *Place of Birth, (Street and Number)*	Gery Street 37
5. *Full Name of Mother,*	Katie Rohlfing
6. *Mother's Maiden Name,*	Katie Benner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Eduard Rohlfing
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Graebnitz, Germany
Name of Medical Attendant, or other Person who makes this Return	Dr. F. Reinhard
Address,	224 West Fayette Street
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 19 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	28 January 1883
4. *Place of Birth, (Street and Number)*	No. Donnel St (Canton near East)
5. *Full Name of Mother,*	Babeta Rau
6. *Mother's Maiden Name,*	Pitroff
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Daniel Rau
9. *Father's Occupation,*	House - Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Stein
Address,	151 E Pratt
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 28. 83.
4. Place of Birth, (Street and Number) E. Lombardstr No 347
5. Full Name of Mother, Louise Uebeck
6. Mother's Maiden Name, Froele
7. Mother's Birthplace, Prussia
8. Full Name of Father, Franz Uebeck
9. Father's Occupation, Polizemann
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm. Joh. Baubach

Address, S. Wolf 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 1883

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61279

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th January 1883
4. Place of Birth, (Street and Number) No 10 East Street. East
5. Full Name of Mother, Kate Everist
6. Mother's Maiden Name, Kate Cooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Everist
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Susan Morgan

Address, No 47 North Durham St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61280

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 January
4. *Place of Birth, (Street and Number)* 61 Madison St.
5. *Full Name of Mother,* Maggie Schultz
6. *Mother's Maiden Name,* " Young
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Henry Schultz
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ullig

Address, 48 Holland St.

Remarks, Please send Mrs Rosa Ullig some envelopes

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

13

RETURN OF A BIRTH

61281

GIVEN NAME ADDED 3-16-55

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1 1883

Name: Jesse Gustav Kaufman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 28. 1883
4. *Place of Birth, (Street and Number)*	159 Conway Street
5. *Full Name of Mother,*	Bertha Kaufmann
6. *Mother's Maiden Name,*	Bertha Wassermann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Gustav Kaufmann
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M D
Address,	88 N. Eutaw Street
Remarks,	Annual Labor

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61282

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 17 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Collard
3. *Date of Birth,*	January 28th. 1883
4. *Place of Birth, (Street and Number)*	407. Sumerset St.
5. *Full Name of Mother,*	Julia Jones
6. *Mother's Maiden Name,*	Julia Rainer
7. *Mother's Birthplace,*	Annarundle county
8. *Full Name of Father,*	Alexander Jones
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. L. Bath.
Address,	No 185. S.E. cor Central av. & Monument St.
Remarks,	Ill Well

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61283

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 January 1883
4. *Place of Birth, (Street and Number)* Baltimore Canon 3rd from Eden
5. *Full Name of Mother,* Laura Mc Grill
6. *Mother's Maiden Name,* Laura Minter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mc. Grill
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Samuel Wiley Stinson Parker

Address,

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

61284

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 30 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jany. 28th 1883
4. Place of Birth (Street and Number)	30 N. Poppleton
5. Full Name of Mother	Bessie Bindseil
6. Mother's Maiden Name	Bessie Thomas
7. Mother's Birthplace	Maryland
8. Full Name of Father	Anton Bindseil
9. Father's Occupation	Salesman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	B. L. Phillips
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61285

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 28th 83
4. *Place of Birth, (Street and Number)*	# 1 Sterrett St.
5. *Full Name of Mother,*	Wallie Roth
6. *Mother's Maiden Name,*	" Kempfel
7. *Mother's Birthplace,*	Bavaria
8. *Full Name of Father,*	John Roth.
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return	Mary Roth.
Address,	# 328 S. Eutaw St
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 30 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Jan. 28th 83
4. *Place of Birth,* (*Street and Number*) St Vincents Infant Asylum
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Maggie Bayle
7. *Mother's Birthplace,* Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Sister of charity

Address,

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61287

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White race.
3. *Date of Birth*	Jan. 28th 1883.
4. *Place of Birth, (Street and Number)*	67 bird. st.
5. *Full Name of Mother*	Tars. Foldy
6. *Mother's Maiden Name*	" " Kelley.
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	Ida. ~~Folde~~ Fold.
9. *Father's Occupation*	Labor. man.
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie. Geems.
Address	634. Sight. st.
Remarks	

This any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB. 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 28th 1883
4. *Place of Birth, (Street and Number)* No 251 E. Fayette St
5. *Full Name of Mother,* Anna Crowley
6. *Mother's Maiden Name,* " Faul
7. *Mother's Birthplace,* Roland
8. *Full Name of Father,* Bryan Crowley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Kelly

Address, 120 Bank St

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28th January
4. Place of Birth, (Street and Number) Baltimore 286 Cross St
5. Full Name of Mother, Mary Stang
6. Mother's Maiden Name, Mary Keller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Stang
9. Father's Occupation, Coopper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Ruth Münch

Address, 1 Leadenhall St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and [illegible] of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 61290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex* (state whether Male or ~~Female~~)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Jan 28th 1883
4. *Place of Birth* (Street and Number)	98 Hudson St
5. *Full Name of Mother*	Cathrine Banner
6. *Mother's Maiden Name*	Cathrine Roberts
7. *Mother's Birthplace*	Fredricksburg Va
8. *Full Name of Father*	Josaph Banner
9. *Father's Occupation*	Tanner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J E Prichard MD
Address	28 O Donnell St
Remarks	She had ben 48 hours in labor with a woman in attendance. Breech presentation both are doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* January 28th 1883
4. *Place of Birth, (Street and Number)* No. 115 N. Calvert St
5. *Full Name of Mother* Lina Stolpp Thomas
6. *Mother's Maiden Name* Lina Stolpp Stolpp.
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* Welsen L. Thomas
9. *Father's Occupation* Furniture
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address 5 Franklin St.

Remarks

GIVEN NAME ADDED 7-10-52

RETURN OF A BIRTH 61292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Theresa Elizabeth Tracy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 29th 1883
4. *Place of Birth, (Street and Number)*	No 168 Chapel Street
5. *Full Name of Mother,*	Mrs Mary Ann Tracy
6. *Mother's Maiden Name,*	Eliza Mary Ann Johnson
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Tracy
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Garrett
Address,	No 65 Burke Street.
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6129 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 298 W. Pratt st
4. *Place of Birth, (Street and Number)* January 29 – 1883.
5. *Full Name of Mother,* Anna Link
6. *Mother's Maiden Name,* Anna Raigh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ludwig Link
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Kunigunda Schlifer

Address, 20 Columbia st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

5294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Jan 29 1883

4. *Place of Birth, (Street and Number)* 155 S. Washington st

5. *Full Name of Mother,* Susan B Alvather

6. *Mother's Maiden Name,* Susan B Powell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Conrad Alvather

9. *Father's Occupation,* Bill Porter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 136 S Caroline st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6/2/95

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 29 83
4. *Place of Birth, (Street and Number)*	#224 S. Amd St
5. *Full Name of Mother,*	Margaretha Kraemer
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Kraemer
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

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RETURN OF A BIRTH

6129b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 13 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 29/83
4. *Place of Birth, (Street and Number)* 528 Cross
5. *Full Name of Mother,* Maggie Stewart
6. *Mother's Maiden Name,* " Sheppard
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Isaac Stewart
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Jno L. Blake MD

Address, 16 S Paca St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

[illegible] PRINTERS AND STATIONERS

RETURN OF A BIRTH 61297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 29 January
4. *Place of Birth,* (*Street and Number*) 320 N. Caroline St.
5. *Full Name of Mother,* Ellanora Albrecht
6. *Mother's Maiden Name,* " Logemann
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* August Albrecht
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Uhrig

Address, 48 Holland St

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

61298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Sixth~~ Ninth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* January 29th 1883
4. *Place of Birth (Street and Number)* 56 Parkin St
5. *Full Name of Mother* Serena Ellen Amey
6. *Mother's Maiden Name* Serena Ellen Hart
7. *Mother's Birthplace* Lancaster Co Pa
8. *Full Name of Father* George Washington Amey
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address 343 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st.* 2*d,* 3*d, &c.*)	7th
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	January 29th 1883
4. *Place of Birth,* (*Street and Number*)	No 145 E. 4th n St
5. *Full Name of Mother,*	Barbra Nelson
6. *Mother's Maiden Name,*	Barbra Ebert
7. *Mother's Birthplace,*	Bavaria Germany
8. *Full Name of Father,*	Fredk. Nelson
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt
Address,	No 185 E. cor Central av. & Monument St.
Remarks.	All Well

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 29th. 1883
4. *Place of Birth, (Street and Number)* No 6 Caroline & John
5. *Full Name of Mother,* Sarah Wilhelm
6. *Mother's Maiden Name,* Sarah Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wilhelm
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return M. N. Rudd.

Address, No. 1857 E. cor Central av. & Monument st.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

53 **RETURN OF A BIRTH** 61301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th of January 1883
4. *Place of Birth, (Street and Number)* 60 North Chappel st
5. *Full Name of Mother,* Ida Klump
6. *Mother's Maiden Name,* Ida Stout
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nick Klump
9. *Father's Occupation,* Saw Filler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Eliuto Clarco

Address, Mcedery st extended pr John Kunkel

Remarks, Healthy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6/302

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 1 this

1. *Sex.* (*state whether male or female*) boy
2. *Race or Color.* (*if not of the white race*) white
3. *Date of Birth,* 15 January
4. *Place of Birth.* (*Street and Number*) 32 Union Street.
5. *Full Name of Mother.* Marie Ann Lisch
6. *Mother's Maiden Name.* Marie Linvill
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Benjamin Lisch
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Emma Walker

Address, 139 E. Eager Street

Remarks.

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61303

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 29th 1899
4. *Place of Birth, (Street and Number)*	315 N Bond St
5. *Full Name of Mother*	Emma L Heath
6. *Mother's Maiden Name,*	" " Bower
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	George W Heath
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Regina A Wooten
Address,	186 Harford Ave
Remarks,	

...that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

f1304

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* [redacted]te 1883
3. *Date of Birth,* Jan 29 1883
4. *Place of Birth, (Street and Number)* 114 Duncan Al
5. *Full Name of Mother,* Han Nilson
6. *Mother's Maiden Name,* Han Minna
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ed Nilson
9. *Father's Occupation,* Prosser
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chester

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61308

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ond
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jany 29th 1883
4. *Place of Birth, (Street and Number)*	65 Camden St.
5. *Full Name of Mother*	Emma L. Tate
6. *Mother's Maiden Name*	Hollis
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Wm Tate
9. *Father's Occupation*	Journeyman
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

RETURN OF A BIRTH

61306

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 7 1883

That any Physician, accoucheur, midwife, or other person having charge, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 29th 1883
4. *Place of Birth, (Street and Number)*	Hamilton & Cathedral sts
5. *Full Name of Mother,*	Eliza M. Hoffman
6. *Mother's Maiden Name,*	Dallam
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	R Curzon Hoffman
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Reginald Buckler, M.D.
Address,	135 N Charles St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6-307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 29/83
4. *Place of Birth, (Street and Number)*	736 W Pratt St
5. *Full Name of Mother,*	Sarah A Lepson
6. *Mother's Maiden Name,*	Willis
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Frank Leslie Lepson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie MD
Address,	39 N. Carey St
Remarks.	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 29th 1882
4. Place of Birth, (Street and Number) No 17 Shakespeare
5. Full Name of Mother, Elizabetha Loewensen
6. Mother's Maiden Name, " Seifort
7. Mother's Birthplace, City
8. Full Name of Father, Aug. Loewensen
9. Father's Occupation, Brick layer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bety

Address, 20 Bank st

Remarks,

FEB 2 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61309

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
(state whether Male or Female)	Female
e or Color (if not of the white race)	White
e of Birth	January 29th
ce of Birth (Street and Number)	151 Park ave
Name of Mother	Marianna Eccleston Murray
her's Maiden Name	Marianna Eccleston Shoemaker
her's Birthplace	Baltimore
Name of Father	Edward Murray
her's Occupation	Wholesale Grocer
her's Birthplace	Howard County
me of Medical Attendant, or other Person who makes this Return.	Dr Howard
dress	181 Madison Avenue
marks	Actual Labor. ~~xx~~ L. O. A. P.

RETURN OF A BIRTH 61310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 30th 1883
4. *Place of Birth, (Street and Number)* 170 West St
5. *Full Name of Mother,* Agnes J. Benton
6. *Mother's Maiden Name,* Agnes J. Reynolds
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm L Benton
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke Md

Address, 146 Hanover St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6/311

25

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 8 1883

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c)	First
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 30th 1883
4. Place of Birth (Street and Number)	43 Argyle Ave.
5. Full Name of Mother	Elizabeth A Brownly
6. Mother's Maiden Name	Elizabeth A Foster
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Otis C Brownly
9. Father's Occupation	Sales Man
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A G Watson
Address	437 N. Central ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6 1312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 30th. 1883
4. *Place of Birth, (Street and Number)*	No. 197 Dallis St.
5. *Full Name of Mother,*	Maria Yockisch
6. *Mother's Maiden Name,*	Maria Gassinger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Constantin Yockisch
9. *Father's Occupation,*	Saddler
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	M. J. Fath
Address,	No. 185. S.E. cor. Central av. & Monument St.
Remarks,	All Well

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary Estelle Cook

FEB 2 1923

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 30th January 1923

4. Place of Birth, (Street and Number) No 18 port st

5. Full Name of Mother, Alice Cook

6. Mother's Maiden Name, Lawrence

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Cook

9. Father's Occupation, Saloon

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Wife

Address, No 12 Patterson Park av

Remarks, GIVEN NAME ADDED 5-28-53 L.M.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Jany 30/93
4. *Place of Birth, (Street and Number)* 382 Bank
5. *Full Name of Mother,* Mary E. Leavy
6. *Mother's Maiden Name,* " " Welch
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Patrick J. Leavy
9. *Father's Occupation,* Mont dro
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return J. L. Wilkins

Address, J. H. C. Beavy

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/3/5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1853

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*)	3rd Child.
1. *Sex.* (*state whether male or female*)	Boy
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth.*	30th January 1853.
4. *Place of Birth.* (*Street and Number*)	No 8 McKean Alley.
5. *Full Name of Mother.*	Mary Miller
6. *Mother's Maiden Name.*	Mary Hard.
7. *Mother's Birthplace.*	Germany.
8. *Full Name of Father.*	Julius Hart.
9. *Father's Occupation.*	Butcher.
10. *Father's Birthplace.*	Germany.
Name of Medical Attendant, or other Person who makes this Return	Cresentia Kunkel.
Address.	11 North Chapel st. per Justina Kunkel.
Remarks.	Healthy.

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	january 30 1883
4. *Place of Birth, (Street and Number)*	Baltimore Jasper Street no 91
5. *Full Name of Mother,*	Fannie Johnson.
6. *Mother's Maiden Name,*	Fannie Machare
7. *Mother's Birthplace,*	Somerset County md.
8. *Full Name of Father,*	John Machare
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	West river Md
Name of Medical Attendant, or other Person who makes this Return.	Sallie pennington
Address,	94 Jasper Street
Remarks,	Baltimore Md.

JOHN B. PIET, PRINTER & STATIONER, BALT.

23

RETURN OF A BIRTH

61317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Jan. 30. 1883.
4. *Place of Birth, (Street and Number)* 143 Clement St. Balt Md.
5. *Full Name of Mother,* Lizzie Vogelman
6. *Mother's Maiden Name,* Lizzie Nash
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Vogelman
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash.

Address, 107 Johnson St. Balt Md.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 61318

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Jan 30 1883
4. *Place of Birth (Street and Number)*	No 128 N. Bond St Balto Md
5. *Full Name of Mother*	Annie Riehman
6. *Mother's Maiden Name*	Annie Winters
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Christ Riehman
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 5 Walker St Balto Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, January 30 83
4. Place of Birth, (Street and Number) E. Eyerstr No 66
5. Full Name of Mother, Pauline Kraft
6. Mother's Maiden Name, Stengel
7. Mother's Birthplace, Balt.
8. Full Name of Father, Martin Kraft
9. Father's Occupation, Tailor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mr. John Baubach

Address, S. Wolfstr No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6132a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 30th 1883
4. *Place of Birth, (Street and Number)*	12 Prices Place
5. *Full Name of Mother.*	Ella Rine
6. *Mother's Maiden Name,*	" Hanson
7. *Mother's Birthplace,*	~~[illegible]~~ Baltimore Md.
8. *Full Name of Father,*	Patrick Rine
9. *Father's Occupation,*	Police
10. *Father's Birthplace.*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs Dena Hillegeist
Address,	#182 E. Monument St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 30 of January 1883.
4. *Place of Birth, (Street and Number)* 18 South Chappel Street.
5. *Full Name of Mother,* Kunie Reine
6. *Mother's Maiden Name,* Kunie Backhof.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George Backhof.
9. *Father's Occupation,* Laborman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chappel per Justina Kunkel.

Remarks, Healthy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4 Child

1. *Sex*, (*state whether male or female*) female child
2. *Race or Color*, (*if not of the white race*) colored
3. *Date of Birth*, 30 January 1883
4. *Place of Birth*, (*Street and Number*) Vincent alley Btw Mother and [illegible]
5. *Full Name of Mother*,
6. *Mother's Maiden Name*, Sophia Gant
7. *Mother's Birthplace*, plumb point
8. *Full Name of Father*, alexander Gant
9. *Father's Occupation*, stove quarry
10. *Father's Birthplace*, plumb point

Name of Medical Attendant, or other Person who makes this Return Mary Co Jones

Address, 17 Wilcox St City

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH #1323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	5th
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Janj 31
4. *Place of Birth*, (*Street and Number*)	50 S Mount St.
5. *Full Name of Mother*,	Nellie Lee
6. *Mother's Maiden Name*,	Enoch
7. *Mother's Birthplace*,	Balto Co.
8. *Full Name of Father*,	Jacob Lee
9. *Father's Occupation*,	Expressman
10. *Father's Birthplace*,	Balto
Name of Medical Attendant, or other Person who makes this Return	H M Nilson
Address,	251 Mad Ave.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61324

32

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 3 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 31 1883
4. *Place of Birth, (Street and Number)*	219 N. Front
5. *Full Name of Mother,*	E. A. O'Neill
6. *Mother's Maiden Name,*	E. A. Higgins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	S. F. O'Neill
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	D. Sheeth Mc
Address,	14 S. W. Exeter St
Remarks,	[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61325

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 31. 83.
4. *Place of Birth, (Street and Number)* Fremont Av. 34
5. *Full Name of Mother,* Mina Innis
6. *Mother's Maiden Name,* Wessel
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Badeck Innis
9. *Father's Occupation,* Seemann
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Bauhud.

Address, South Wolfstone 14

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth Jan 31

4. Place of Birth (Street and Number) 185 Reed Hill Avenue

5. Full Name of Mother Talla Hearn

6. Mother's Maiden Name Roads

7. Mother's Birthplace Balliner

8. Full Name of Father Christian Hearn

9. Father's Occupation Clerk

10. Father's Birthplace Waverly Balt Co

Name of Medical Attendant, or other Person who makes this Return. J. E. Shute M D

Address 211 Aisquith St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 61327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 31st 1887
4. *Place of Birth, (Street and Number)*	15. Chesnut st
5. *Full Name of Mother,*	Mary Green
6. *Mother's Maiden Name,*	Mary Robison
7. *Mother's Birthplace,*	Kentucky Ind
8. *Full Name of Father,*	John Green
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	5. Locust st
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~Color~~ male

2. *Race or Color, (if not of the white race)* colord

3. *Date of Birth,* 2 31 jan

4. *Place of Birth, (Street and Number)* Hoard St 192

5. *Full Name of Mother,* Margret young

6. *Mother's Maiden Name,* gross

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Hosey young

9. *Father's Occupation,* Single

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, cross st 368

Remarks,

FEB 14 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 11339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jany 31st/83
4. *Place of Birth, (Street and Number)*	3½ Waesche St
5. *Full Name of Mother,*	Edmonia Carter
6. *Mother's Maiden Name,*	" Bailey
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Graham T. Carter.
9. *Father's Occupation,*	Dining-Room-Waiter
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	39 N. Carey St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61330

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January 31st
4. *Place of Birth*, (*Street and Number*) No. 216 Lexington St.
5. *Full Name of Mother*, Mrs Lizzie Krumholtz
6. *Mother's Maiden Name*, " Lizzie Moselmayer
7. *Mother's Birthplace*, Balto City
8. *Full Name of Father*, Andrew Krumholtz
9. *Father's Occupation*, Huckster
10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return Dr Seebach

Address, No. 437 W. Baltimore St.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, January 31st " 1883
4. *Place of Birth*, (*Street and Number*) No 95 Pratt st
5. *Full Name of Mother*, Lizzie Golinghurst
6. *Mother's Maiden Name*, " Nelle
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Herman Golinghurst
9. *Father's Occupation*, Labor work
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Siemon

Address, No " 70 Granby

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 31. '83
4. *Place of Birth, (Street and Number)* Olivestr No 377
5. *Full Name of Mother,* Margaretha Margareth
6. *Mother's Maiden Name,* Wiesleen
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Friedrich Margareth
9. *Father's Occupation,* Tolar
10. *Father's Birthplace,* Oldenburg

Name of Medical Attendant, or other Person who makes this Return Wm. Fch. Bauhuch

Address, St. Wolf 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 61333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Jan 31st 1883

4. Place of Birth (Street and Number) 162 Myrtle Ave

5. Full Name of Mother Mary L. Gorman.

6. Mother's Maiden Name Lally.

7. Mother's Birthplace Baltimore

8. Full Name of Father John L. Gorman

9. Father's Occupation Mercantile business

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. G. Gay M.D.

Address 75 Franklin St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 31 st 1883
4. *Place of Birth, (Street and Number)*	148 Leadenhall st.
5. *Full Name of Mother,*	Louise Roth
6. *Mother's Maiden Name,*	Bixler
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	John Roth
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohaveser midwife
Address,	330 Hanover st
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

11335

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 11th

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* January 31st 1883.
4. *Place of Birth (Street and Number)* 307 W Fayette St,
5. *Full Name of Mother* Rachel Frank.
6. *Mother's Maiden Name* Rachel Cohen.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Solomon Frank,
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Edward R. McSherry M.D.

Address 273 W Fayette St

Remarks

RETURN OF A BIRTH 1336

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 31 January
4. *Place of Birth, (Street and Number)* 711 N. Ann St
5. *Full Name of Mother* Amelia Maddeis
6. *Mother's Maiden Name,* " Mulcher
7. *Mother's Birthplace,* Balt, Md.
8. *Full Name of Father,* Reinhalt Maddeis
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Ulbig

Address, 488 Holland St.

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61337

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	31 Jan 06
4. *Place of Birth, (Street and Number)*	385 Allegan Street
5. *Full Name of Mother,*	Annie Graff Kimmel
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Stefan Graff
9. *Father's Occupation,*	Lederer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Wiley
Address,	c/o 12 Patterson park
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 21st 83
4. *Place of Birth, (Street and Number)* 202 Park ave
5. *Full Name of Mother* Maggie C. Weis
6. *Mother's Maiden Name,* Maggie C. Weisfuet
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Louis F. Weis
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — J. J. Wallis M.D.

Address, 188 Franklin St.

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61339

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 31st 1889
4. *Place of Birth, (Street and Number)* St. Vincents Inf. Asylum
5. *Full Name of Mother*
6. *Mother's Maiden Name,* Lizzie Miller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Sister of charity

Address,

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 31, 1893
4. *Place of Birth, (Street and Number)* No. 605 Light St. Balt. Md.
5. *Full Name of Mother,* Annie Foy
6. *Mother's Maiden Name,* Annie F. Furlong.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Foy
9. *Father's Occupation,* Glass Cutter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, 107 Johnson St. Balt. Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61341

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 31, 1883
4. Place of Birth, (Street and Number) Holland St. No. 50
5. Full Name of Mother, Anna K. Sarg
6. Mother's Maiden Name, Anna K. Zahob
7. Mother's Birthplace, Hanau, K. Preussen, Germany
8. Full Name of Father, Karl F. Sarg
9. Father's Occupation, Musiker
10. Father's Birthplace, Hanau, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 31st
4. *Place of Birth, (Street and Number)*	136. Basin st
5. *Full Name of Mother*	Sabina Schaaf
6. *Mother's Maiden Name,*	n Gundlach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Schaaf
9. *Father's Occupation,*	Piano Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	C. L. Buddenbohn M.D.
Address,	166. S. Pacan.
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6 1343

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 31st 1882
4. *Place of Birth (Street and Number)* 50 S. Bond
5. *Full Name of Mother* Hannah Berliner
6. *Mother's Maiden Name* Hannah Ransford
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Abel Berliner
9. *Father's Occupation* Shoe dealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E Baltimore St.

Remarks

RETURN OF A BIRTH, 01344

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Jan 31 1883
4. *Place of Birth, (Street and Number)* Chestnut- st 127
5. *Full Name of Mother* Mary E Boston
6. *Mother's Maiden Name* Mary E Blake
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Thomas Boston
9. *Father's Occupation* White washer wall color
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Sophia Harris

Address 135 Chestnut- st

Remarks

HEALTH DEPARTMENT
FEB 9 1883
BALTIMORE, MD.

RETURN OF A BIRTH

61345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	West
3. *Date of Birth,*	31 Januar
4. *Place of Birth, (Street and Number)*	
5. *Full Name of Mother,*	Franzika Konig
6. *Mother's Maiden Name,*	" " Fischer
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	John Konig
9. *Father's Occupation,*	/
10. *Father's Birthplace,*	Frankendorf Bairer
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombard Street No 278
Remarks,	Mrs Maurer

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 31st 1893
4. *Place of Birth, (Street and Number)*	609 Lee St
5. *Full Name of Mother,*	Annie Lyon
6. *Mother's Maiden Name,*	Annie Stirling
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Lewis Lyon
9. *Father's Occupation,*	Glass Cutter
10. *Father's Birthplace,*	Balt Md
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 S Paca
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

61347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 31 of January 1883
4. *Place of Birth (Street and Number)* No 14 Beddel st
5. *Full Name of Mother* Frances ~~Schelefter~~ Meller
6. *Mother's Maiden Name* Frances Schelefter
7. *Mother's Birthplace* in Germany
8. *Full Name of Father* Frank Meller
9. *Father's Occupation* a Labor
10. *Father's Birthplace* in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Geller

Address No 35 Beddel Alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

61341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	Just
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	31st January 1883.
4. Place of Birth (Street and Number)	37 Jefferson st
5. Full Name of Mother	Catharine Zeigler
6. Mother's Maiden Name	Catharine Hughes
7. Mother's Birthplace	Balto City
8. Full Name of Father	Geo W Zeigler
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	E W Janney
Address	
Remarks	246 E. Fayette st

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

613119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Colored

1. *Sex, (state whether male or female)* February 1883
2. *Race or Color, (if not of the white race)* 17 [illegible] [illegible]
3. *Date of Birth,* Matilda [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Middle Sin County
6. *Mother's Maiden Name,* John [illegible]
7. *Mother's Birthplace,* [illegible] [illegible]
8. *Full Name of Father,* Middle Sin County
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

6135A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 1 1883
4. *Place of Birth, (Street and Number)* 444 Canton Av
5. *Full Name of Mother,* Mag Guenschine
6. *Mother's Maiden Name,* Mag Feller
7. *Mother's Birthplace,* Spitaldon Denstoe
8. *Full Name of Father,* Wil Guenschine
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Spit Dona Guenmy

Name of Medical Attendant, or other Person who makes this Return Mrs C Fray

Address, 193 Shoote

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61351

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Feb 1 1883
4. *Place of Birth, (Street and Number)* 163 bank st
5. *Full Name of Mother* Lidia H Sutton
6. *Mother's Maiden Name* Lidia H Mandeley
7. *Mother's Birthplace* Holland
8. *Full Name of Father* William Sutton
9. *Father's Occupation* Ship carpenter
10. *Father's Birthplace* Richmond

Name of Medical Attendant, or other Person who makes this Return. mary conner 153

Address Collington avenue Baltimore md

Remarks

RETURN OF [illegible]H.

6/352

To the Office of Registrar of Vital [illegible]istics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored (Mulatto Mother, Black father)
3. Date of Birth	Feb. 1st
4. Place of Birth (Street and Number)	37 Lareno's Alley
5. Full Name of Mother	Elizabeth Elliott
6. Mother's Maiden Name	Pyes
7. Mother's Birthplace	Charles Co., Md.
8. Full Name of Father	Robert Elliot
9. Father's Occupation	Porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eugene F. Cordell, M.D.
Address	125 N. Charles St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF BIRTH.

b 1353

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 oclock AM Thursday Feb 1st 1883
4. Place of Birth (Street and Number)	No 8 O Donnell St
5. Full Name of Mother	Lenna Harvey
6. Mother's Maiden Name	Lenna Schmeidel
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Robert Harvey
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Co
Name of Medical Attendant, or other Person who makes this Return.	J E Prichard M D
Address	28 O Donnell St
Remarks	Very large boy both mother and child are doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

61354

FEB 20 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Feb. 1st
4. *Place of Birth, (Street and Number)* Eastern Av. 516
5. *Full Name of Mother,* Charlie Damm
6. *Mother's Maiden Name,* " Schweitzer
7. *Mother's Birthplace,* Cumberland Md
8. *Full Name of Father,* H. W. Damm
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Chambersburg

Name of Medical Attendant, or other Person who makes this Return H. W. Damm

Address, 516 Bank St

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

61355

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 1st 1883
4. *Place of Birth, (Street and Number)* No 151 S Bond st
5. *Full Name of Mother,* Hulda Fitzberger
6. *Mother's Maiden Name,* " Hipps
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Fitzberger
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF BIRTH 61316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	First Child.
1. *Sex*, (*state whether male or female*)	male
2. ~~*Race or Color*~~, (*if not of the white race*)	
3. *Date of Birth*,	born 1 Februar
4. *Place of Birth*, (*Street and Number*)	Friedrich Road No - 91.
5. *Full Name of Mother*,	Lizzie Scheidle
6. *Mother's Maiden Name*,	Lizzie Hausenmaier
7. *Mother's Birthplace*,	Baltimor
8. *Full Name of Father*,	Henry Scheidle
9. *Father's Occupation*,	Trainer
10. *Father's Birthplace*,	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	E Lombard St.
Remarks,	died 7. Februar an weakness.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 February
4. *Place of Birth, (Street and Number)* 66 Bittel street
5. *Full Name of Mother,* Katie Weisman
6. *Mother's Maiden Name,* Sorel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Weisman
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61358

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth* Feb. 1st 1893.
4. *Place of Birth, (Street and Number)* 651 Light St.
5. *Full Name of Mother* Kitty Mary Flood.
6. *Mother's Maiden Name* Manning
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Philip Flood.
9. *Father's Occupation* Laborer man.
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Geyer.

Address 651 Light St.

Remarks

RETURN OF A BIRTH 01359

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 1 st 1883
4. *Place of Birth, (Street and Number)*	No. 178 West st.
5. *Full Name of Mother,*	Caroline Plitt
6. *Mother's Maiden Name,*	Huber
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Plitt
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return	J. Johannsen midwife
Address,	330 Hanover st.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Feby 1. 1883
3. Date of Birth 37 Wilson St
4. Place of Birth (Street and Number) Florence Love
5. Full Name of Mother " Darley
6. Mother's Maiden Name Ottawa Canada
7. Mother's Birthplace Saml. W. E. Love
8. Full Name of Father Commission Merchant
9. Father's Occupation Balt City
10. Father's Birthplace Alexander Tinsley Jr W
Name of Medical Attendant, or other Person who makes this Return. 386 Dwd Hill Ave
Address
Remarks

FEB 7 1883

61360

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

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Every effort was made to assure legibility and completeness.

01360

RETURN OF A BIRTH.

FEB 7 1883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feby 1. 1883
4. *Place of Birth* (Street and Number)	87 Wilson st
5. *Full Name of Mother*	Florence Love
6. *Mother's Maiden Name*	" Dooley
7. *Mother's Birthplace*	Ottawa Canada
8. *Full Name of Father*	Saml. W. E. Love
9. *Father's Occupation*	Commission Merchant
10. *Father's Birthplace*	Balt City.
Name of Medical Attendant, or other Person who makes this Return.	Alexander Dooley Jr M D
Address	386 Druid Hill ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61361

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 1. 83.
4. *Place of Birth, (Street and Number)* S. Registerstr No 82.
5. *Full Name of Mother,* Theresia Winefelder
6. *Mother's Maiden Name,* Anton
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Winefelder
9. *Father's Occupation,* Papierhänger
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Baubach

Address, S. Wolf 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61362

FEB 12 1883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

...tract Regulations of the Board of Health ... secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	1st Child.
1. *Sex*, (*state whether male or female*)	Female.
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Feby 1st 1883.
4. *Place of Birth*, (*Street and Number*)	95 S. Bond St.
5. *Full Name of Mother*,	Nannie L. Applegarth.
6. *Mother's Maiden Name*,	" " Phillips.
7. *Mother's Birthplace*,	Dorchester Co. Md.
8. *Full Name of Father*,	Robert Applegarth.
9. *Father's Occupation*,	Can maker.
10. *Father's Birthplace*,	Balto. City.
Name of Medical Attendant, or other Person who makes this Return	R. J. N. Tall. M.D.
Address,	152 Sharp St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Weit
3. *Date of Birth,*	1 Februar
4. *Place of Birth, (Street and Number)*	Brodwai No 221.
5. *Full Name of Mother,*	Kathi Huber
6. *Mother's Maiden Name,*	" " Straub
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Herman Huber
9. *Father's Occupation,*	Watshmager
10. *Father's Birthplace,*	Gieven Westfahlen
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombard Street No. 248.
Remarks,	Mrs Maurer

Exhorrect Record of Vital Statistics in [illegible] to [illegible] Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2nd

1. *Sex.* (*state whether male or female*) male
2. *Race or Color.* (*if not of the white race*) white
3. *Date of Birth.* February 1st 1883
4. *Place of Birth.* (*Street and Number*) 44 Harrison st.
5. *Full Name of Mother* S. Karlinsky
6. *Mother's Maiden Name.*
7. *Mother's Birthplace.* Europe
8. *Full Name of Father.* Samuel Karlinsky
9. *Father's Occupation.* Peddler
10. *Father's Birthplace.* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address. 113 E. Lombard st.

Remarks.

within six days the ... after, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st.

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* February 1st. 1883.
4. *Place of Birth,* (*Street and Number*) 26 Harrison st.
5. *Full Name of Mother* Lena Cohen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Wolff Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E. Lombard st.

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 1 1883
4. *Place of Birth, (Street and Number)*	N.E. Cor Malberry & Poppleton
5. *Full Name of Mother,*	Grace W[illegible]terhoefer
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Conrad Walterhoefer
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Bullo
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie
Address,	39. N. Carey st
Remarks,	

Extract from Rules of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 6/1367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* February the 1
4. *Place of Birth, (Street and Number)* corner 1st [illegible]86
5. *Full Name of Mother* Emily Cole
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Maryland Co
8. *Full Name of Father,* Benjamin Cole
9. *Father's Occupation,* [illegible] Sailor
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, cross st 362

Remarks,

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feby 1st 1883
4. *Place of Birth, (Street and Number)* 127 Druid Hill Av
5. *Full Name of Mother,* Catherine Queen
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James H Queen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J. A. Gillis M D

Address, 150 N Exeter St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 1. 1883
4. *Place of Birth, (Street and Number)* E. Warner and Wyeth St.
5. *Full Name of Mother,* Anna Bohmer
6. *Mother's Maiden Name,* Anna Liers
7. *Mother's Birthplace,* Hannover
8. *Full Name of Father,* Henry Bohmer
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Hannover

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Virow.

Address, Ave 328 S. Ontario St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 1. 1883
4. *Place of Birth, (Street and Number)*	N.E. 10 Ridge St.
5. *Full Name of Mother,*	Caroline Weighardt.
6. *Mother's Maiden Name,*	Horn.
7. *Mother's Birthplace,*	Hes. Darmstadt.
8. *Full Name of Father,*	Wilh. Weighardt
9. *Father's Occupation,*	2 Cur Hessen
10. *Father's Birthplace,*	1. Lackschmidt.
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Kurtz
Address,	N.E. 328 S. Eutaw St.
Remarks,	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61371

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 12th 1883
4. *Place of Birth, (Street and Number)* 81 Williams St
5. *Full Name of Mother* Ambrosia Goode
6. *Mother's Maiden Name* Ambrosia Lienford
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank P. Goode
9. *Father's Occupation* Celeste
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D

Address No. 5 Franklin St.

Remarks

RETURN OF A BIRTH 61372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 February
4. *Place of Birth, (Street and Number)* 376 E Eager Street
5. *Full Name of Mother,* Julie Lauderdales
6. *Mother's Maiden Name,* Julie Litch
7. *Mother's Birthplace,* Baltimore county
8. *Full Name of Father,* Georges Lauderdales
9. *Father's Occupation,* gardner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Emma Walter

Address, 239 E. Eager Street

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6132

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) _____

1. *Sex (state whether male or ~~female~~)* _____
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Feby 1 1883
4. *Place of Birth, (Street and Number)* No 79 E Lanvale St
5. *Full Name of Mother* Mary Jones
6. *Mother's Maiden Name* Mary Crane
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Paul Jones
9. *Father's Occupation* Assist. Secretary
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 23 Franklin St

Remarks _____

RETURN OF A BIRTH. 61374

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 10 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Negro
3. Date of Birth Feb. 1st 1883
4. Place of Birth (Street and Number) No. 14 Pierce St.
5. Full Name of Mother Martha Peyton
6. Mother's Maiden Name Martha Smith
7. Mother's Birthplace Baltimore City
8. Full Name of Father — Peyton
9. Father's Occupation White-washing
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 9th 1883
4. *Place of Birth, (Street and Number)*	70 Chestnut St
5. *Full Name of Mother,*	Mary Jackson
6. *Mother's Maiden Name,*	Mary Williams
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	James Jackson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	5 Forrest St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

FEB 3 1883

M. J. O'JULANY & CO., CITY PRINTERS AND STATIONERS

25.

RETURN OF A BIRTH

61376

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* february 2 1883
4. *Place of Birth, (Street and Number)* Baltimore tyson st no 104
5. *Full Name of Mother,* Ruth Tomas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* anaroul county
8. *Full Name of Father,* John H. Brown
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Sallie pennington

Address, 94 Jasper Street

Remarks, Baltimore Md.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61377

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 2. 1883
4. *Place of Birth, (Street and Number)* N. Ann St. No 304.
5. *Full Name of Mother,* Wilhelmine Schmelz
6. *Mother's Maiden Name,* Wilhelmine Eckstorm
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Heinrich Schmelz
9. *Father's Occupation,* Grocer
10. *Father's Birthplace.* Weidmoos. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 5

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 2 83.
4. *Place of Birth, (Street and Number)* S. Durhamstr. No 233
5. *Full Name of Mother,* Karoline Schekel
6. *Mother's Maiden Name,* Fuelner
7. *Mother's Birthplace,* Braunschweig
8. *Full Name of Father,* Heinrich Schekel
9. *Father's Occupation,* Ingenieur
10. *Father's Birthplace,* Kur Hessen

Name of Medical Attendant, or other Person who makes this Return Mr. Joh. Baubach

Address, S. Wolf No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 2nd 1883
4. *Place of Birth (Street and Number)* No 51 Elting St
5. *Full Name of Mother* Madge Celeste Sparrow
6. *Mother's Maiden Name* M. C. Devine
7. *Mother's Birthplace* Lexington Missouri
8. *Full Name of Father* Harry Clay Sparrow
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace* Middletown Md

Name of Medical Attendant, or other Person who makes this Return. T. W. Glocker M.D

Address No 90 Division St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 61380

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	No. 175 Aisquith & Madison Sts.
4. *Place of Birth, (Street and Number)*	February 2nd. 1883.
5. *Full Name of Mother,*	Caroline Zeller
6. *Mother's Maiden Name,*	Caroline Zigler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Zigler
9. *Father's Occupation,*	Bakery
10. *Father's Birthplace.*	Germany.
Name of Medical Attendant, or other Person who makes this Return	M. L. Butt.
Address,	No. 185 S. E. cor. Central av. & Monument St.
Remarks,	All well.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61381

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 2
4. *Place of Birth, (Street and Number)* 518 Eastern av.
5. *Full Name of Mother,* Laura Grace
6. *Mother's Maiden Name,* Laura Hussen
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Carville Grace
9. *Father's Occupation,* police officer
10. *Father's Birthplace,* Balto Ley.

Name of Medical Attendant, or other Person who makes this Return H. S. Warner

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61382

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 2nd 1883
4. *Place of Birth, (Street and Number)*	Fairmount Ave. No 67
5. *Full Name of Mother,*	Alice F. Wenckel
6. *Mother's Maiden Name,*	Gardiner
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	Laurence Wenckel
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. C. Rusk M. D.
Address,	392 E. Balt. Cor Washington
Remarks,	Natural

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Seventh one

1. *Sex, (state whether male or female)* a ~~Child~~ Female

2. *Race or Color, (if not of the white race)* Colloud

3. *Date of Birth,* Feb 2 and 1883

4. *Place of Birth, (Street and Number)* 12 Linden Ave

5. *Full Name of Mother,* Mrs Florence Warfield

6. *Mother's Maiden Name,* Miss Florence Brown

7. *Mother's Birthplace,* Charles County Maryland

8. *Full Name of Father,* Charles William Warfield

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* A.A County Maryland

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Johnson

Address, 94 Lyon St

Remarks, Mother well

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61384

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... female
2. *Race or Color, (if not of the white race)* ..... Colored
3. *Date of Birth,* ..... 2nd February
4. *Place of Birth, (Street and Number)* ..... 21 Sarah ann St
5. *Full Name of Mother,* ..... Mary Elizabeth Coats
6. *Mother's Maiden Name,* ..... Mary Elizabeth Robinson
7. *Mother's Birthplace,* ..... Baltimore Md
8. *Full Name of Father,* ..... Abraham coats
9. *Father's Occupation,* ..... Stevador
10. *Father's Birthplace,* ..... Prince George county

Name of Medical Attendant, or other Person who makes this Return ..... Fannie Snowden

Address. ..... No 60 Sarah ann St

Remarks, ...

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

6/385

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 2nd 1885
4. *Place of Birth, (Street and Number)*	346 Orchard
5. *Full Name of Mother,*	Elizabeth Heiser
6. *Mother's Maiden Name,*	Elizabeth Mick
7. *Mother's Birthplace,*	New Jersey ~~Baltimore Md~~
8. *Full Name of Father,*	August Heiser
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook MD
Address,	146 Hanover
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	2 February
4. *Place of Birth, (Street and Number)*	38 Rose street
5. *Full Name of Mother,*	Anna Dreible
6. *Mother's Maiden Name,*	Raugh
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Ronald Dreible
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72. E. Lombard street.
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		1
1. *Sex, (state whether male or female)*		Male
2. *Race or Color, (if not of the white race)*		
3. *Date of Birth,*		2 February
4. *Place of Birth, (Street and Number)*		Frederick road
5. *Full Name of Mother,*		Lizzie S Heidel
6. *Mother's Maiden Name,*		Hoffmeyer
7. *Mother's Birthplace,*		Baltimore
8. *Full Name of Father,*		Henry S Heidel
9. *Father's Occupation,*		Beer driver
10. *Father's Birthplace,*		Baltimore
Name of Medical Attendant,	or other Person who makes this Return	Sarah Casper
Address,		72. E. Lombard street
Remarks,		

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61388

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of February 1883
4. *Place of Birth, (Street and Number)* 40 Patterson Park av
5. *Full Name of Mother,* Matilda Ruley
6. *Mother's Maiden Name,* Tucker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Ruley
9. *Father's Occupation,* Lucster
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

61389

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Of February 1883
4. Place of Birth, (Street and Number) Bradford Alley no 19
5. Full Name of Mother, Mrs Louisa Helmbach
6. Mother's Maiden Name, Guinter
7. Mother's Birthplace, Germany
8. Full Name of Father, Thomas C Heimbach
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Viley

Address, No 12 Patterson park av

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

b/1389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1889

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 10th Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 2nd of February 1889
4. *Place of Birth,* (*Street and Number*) Bradford Alley No 19
5. *Full Name of Mother,* Mrs Louisa Helmbuch
6. *Mother's Maiden Name,* Hunter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman L Heimbuch
9. *Father's Occupation,* Cooper
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makee this Return Mrs Riley

Address, No 18 Patterson park ave

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/230

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 2nd 1883
4. *Place of Birth, (Street and Number)* Hartford Road
5. *Full Name of Mother,* Margaret Emmerine
6. *Mother's Maiden Name,* Shatt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Emmerine
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Wm. Daniel Hillegeist

Address, #182 E. Monument St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 6 ct

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 2 1883
4. *Place of Birth (Street and Number)* 69 & Penna av
5. *Full Name of Mother* Anna Hafele
6. *Mother's Maiden Name* Anna Richman
7. *Mother's Birthplace* New York
8. *Full Name of Father* Jno Hafele
9. *Father's Occupation* Carriage Builder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A G Polo

Address No 1 North Ave

Remarks Nr Druid Hill Av

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 2 1883
4. *Place of Birth, (Street and Number)* 199 Gough St
5. *Full Name of Mother,* Sar Wagner
6. *Mother's Maiden Name,* Sar Leahy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sam Wagner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Cheste

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61393

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 4 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Feb 2, 1893
4. *Place of Birth, (Street and Number)* No 127 Johnson St. Balto Md
5. *Full Name of Mother,* Nellie Ruark
6. *Mother's Maiden Name,* Nellie Travers
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father.* Edwin Ruark
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs. Nagle

Address, 127 Johnson St Baltimore Md

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

15

RETURN OF A BIRTH.

H394

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB. 6 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 2nd 1883
4. Place of Birth (Street and Number)	No 499 W Baltimore St Balto Md
5. Full Name of Mother	Elizabeth Shultz
6. Mother's Maiden Name	Elizabeth Miller
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert S Schultz
9. Father's Occupation	Musician
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 5 Walker Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6/1395

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 14 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	2 th
4. *Place of Birth (Street and Number)*	197 Front Ave
5. *Full Name of Mother*	Anne Grace Shuman Jewell
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Shuman
9. *Father's Occupation*	Coal Miner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Jewell
Address	58 Front Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) Jewish
3. *Date of Birth*, 2 February
4. *Place of Birth*, (*Street and Number*) 125 Low St.
5. *Full Name of Mother* Sara Oppenheimer
6. *Mother's Maiden Name*, Lowenthal
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Abraham Oppenheimer
9. *Father's Occupation*, Second hand Store
10. *Father's Birthplace*, France

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Alling

Address, 48 Holland St.

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH ~~6/346~~ 6/397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	7th & 8th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Feb. 2, 1893
4. *Place of Birth*, (*Street and Number*)	322 Hollins st
5. *Full Name of Mother*,	Nettie E. Hood
6. *Mother's Maiden Name*,	Clary
7. *Mother's Birthplace*,	Frederick Co. Md.
8. *Full Name of Father*,	John Hood
9. *Father's Occupation*,	Physician
10. *Father's Birthplace*,	Md. Frederick Co. Md.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	322 Hollins St.
Remarks,	Twins, small, but perfect & healthy babies.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2 February
4. *Place of Birth, (Street and Number)* 56 N. Eden St.
5. *Full Name of Mother,* Matilda Riman
6. *Mother's Maiden Name,* " Ball
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* August Riman
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Uhlig

Address, 48 Holland St.

Remarks, Md.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61399

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primipara
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 3d 1883
4. *Place of Birth, (Street and Number)*	73 Chew St.
5. *Full Name of Mother,*	Mary E. Murray
6. *Mother's Maiden Name,*	Mary E. Deaver
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James C. Murray
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell M.D.
Address,	227 Caroline Ave
Remarks,	Child Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

67400

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 2nd 1883
4. Place of Birth (Street and Number)	#505 W Fayette St
5. Full Name of Mother	Clara Bolduan
6. Mother's Maiden Name	Clara Jackson
7. Mother's Birthplace	Cecil County Maryland
8. Full Name of Father	August Bolduan
9. Father's Occupation	Foreman at Elevator
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	P. J. Field M.D.
Address	#537 W Fayette
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61401

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether male or female)* [illegible] weiblich
2. *Race or Color, (if not of the white race)* ~~[illegible]~~
3. *Date of Birth,* 3 Februar 83
4. *Place of Birth, (Street and Number)* Ecke Scharp u. Grossstr. 360
5. *Full Name of Mother,* Marie Schaefer
6. *Mother's Maiden Name,* Marie Kaisand
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Lorenz Schaefer
9. *Father's Occupation,* Schlosser
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return Rath Münch

Address, 1 Leadenhall St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 3rd 1883
4. *Place of Birth, (Street and Number)* 22 Druid Hill ave
5. *Full Name of Mother,* Lizzie Wehrman
6. *Mother's Maiden Name,* Lizzie Herring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wehrman
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs L Meisenzehl

Address, 245 Penna ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/4183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 6th 1883
4. *Place of Birth, (Street and Number)*	289 N. Stun St.
5. *Full Name of Mother,*	Mary J. Schuizer
6. *Mother's Maiden Name,*	Gill.
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Charles F Schuizer
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace.*	Balto City
Name of Medical Attendant, or other Person who makes this Return	S. N. Seldran M. D.
Address,	S. E. Cor Eager & Caroline Sts.
Remarks,	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 01404

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb. 3rd, 1883.
4. *Place of Birth, (Street and Number)* 165 Johnson St.
5. *Full Name of Mother,* Mary Ellen Carroll.
6. *Mother's Maiden Name,* Wilkinson.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Thomas Edward Carroll.
9. *Father's Occupation,* Caulker (Boss).
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Robert L. Rowe, M.D.

Address, 338 Light St.

Remarks, The Cord was wrapped around the child's neck 4 1/3 times - it (Cord) was also ruptured in two places - nevertheless the child lived 2 1/2 days.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 6/1405

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
(state whether male or female)	Male
ce or Color, (if not of the white race)	white race
te of Birth	February the 7th
ace of Birth, (Street and Number)	Baltimore Clemson St No 19
ll Name of Mother	ida nagle
ther's Maiden Name	ida waldon
ther's Birthplace	Baltimore
ll Name of Father	Daniel nagle
ther's Occupation	iron roller
ther's Birthplace	Lebanon pa
me of Medical Attendant, or other Person who makes this Return.	Elisabeth Hatcher
dress	william st No 2 up
marks	

RETURN OF A BIRTH.

01406

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 9 1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* colo
3. *Date of Birth* feb the 3
4. *Place of Birth (Street and Number)* no 141 little mc Elderry ly
5. *Full Name of Mother* Georg anna harris
6. *Mother's Maiden Name* Georg anna Duff
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* G E harris
9. *Father's Occupation* E hoot cass
10. *Father's Birthplace* Talbot county

Name of Medical Attendant, or other Person who makes this Return. mrs anne Rubb

Address no 120 Chesnut ly

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61407

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FEB 8 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 3rd 1883
4. *Place of Birth, (Street and Number)* No 13 Abbey Alley
5. *Full Name of Mother* Sarah Hoffman
6. *Mother's Maiden Name* Sarah Longdon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Hoffman
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Herring

Address No 18 Byrd St

Remarks

RETURN OF A BIRTH 61408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* February 3rd 1883
4. *Place of Birth,* (*Street and Number*) No 259 Calhoun st
5. *Full Name of Mother,* Katie ~~[illegible]~~ Kehrl
6. *Mother's Maiden Name,* Katie Herlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Kehrl
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Siemon

Address, No 70 Granby st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore and 1883 February 3

1. *Sex, (state whether male or female)* John Thompson a hardcair
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mary Thompson Wash Woman
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Number eight rice st
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,* On the Twenty eight of
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return January Freamale

Address,

Remarks, Lucy conih ~~[illegible]~~ Number fifteen Jurden Alley

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex* (~~state whether Male or~~ Female)	
2. *Race* ~~or Color (if not of the~~ white race)	
3. *Date of Birth*	February 5th 1883.
4. *Place of Birth* (Street and Number)	No. 9 Fairgrounds.
5. *Full Name of Mother*	E. Agnes Gill.
6. *Mother's Maiden Name*	E. Agnes Gill.
7. *Mother's Birthplace*	Baltimore County.
8. *Full Name of Father*	Rufus Gill
9. *Father's Occupation*	Attorney at Law.
10. *Father's Birthplace*	Baltimore County.
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgway Andrews
Address	No 121 E Balto St
Remarks	

FEB 12 1883

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

61410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 12 1883

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex* (~~state whether Male or~~ Female)
2. *Race* ~~or Color (if not of the~~ white race)
3. *Date of Birth* February 3rd 1883,
4. *Place of Birth* (Street and Number) No. 9 Aisquith,
5. *Full Name of Mother* E. Agnes Gill.
6. *Mother's Maiden Name* E. Agnes Gill.
7. *Mother's Birthplace* Baltimore County,
8. *Full Name of Father* N Rufus Gill
9. *Father's Occupation* Attorney at Law.
10. *Father's Birthplace* Baltimore County,

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.

Address No 121 E Balto st

Remarks

213

RETURN OF A BIRTH

61411

GIVEN NAME ADDED. 4-1-58

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Jessica Elsasser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 3 1883
4. *Place of Birth, (Street and Number)*	40 N. Eutaw St.
5. *Full Name of Mother,*	Theresa Elsasser
6. *Mother's Maiden Name,*	Theresa Guckenheimer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alexander Elsasser
9. *Father's Occupation,*	Millenerybusiness
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	A B Hirschman
Address,	
Remarks,	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61412

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 3. '83
4. *Place of Birth, (Street and Number)* 394 E Eager St
5. *Full Name of Mother,* Virginia Gantt
6. *Mother's Maiden Name,* Darnell
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Thomas Gantt
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Donaghue st

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 3th. 1883
4. *Place of Birth, (Street and Number)* 75 Harrison st.
5. *Full Name of Mother,* Mary Klawansky
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Ben. Klawansky
9. *Father's Occupation,* Store-Keeper
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. L. Bernstein

Address, 113 E. Lombard st.

Remarks,

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 61414

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	3d February [illegible]
4. Place of Birth (Street and Number)	504. N. Gay St
5. Full Name of Mother	Lucy A Henry
6. Mother's Maiden Name	Lucy A Deagle
7. Mother's Birthplace	Middlesex Va
8. Full Name of Father	Robt P Henry
9. Father's Occupation	Labourer
10. Father's Birthplace	Middlesex Va
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mary E Price 389 East Madison St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61415

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Feb 3 1883
4. *Place of Birth, (Street and Number)* Jenkins Ln. Balto. Md
5. *Full Name of Mother* Elizabeth M. Lee
6. *Mother's Maiden Name* " " Thomas
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Charles Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace* London. Eng.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 54 Aisquith St

Remarks

RETURN OF A BIRTH

61416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1923

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 3 february
4. *Place of Birth, (Street and Number)* Hamburg st 190
5. *Full Name of Mother,* Caroline Robison
6. *Mother's Maiden Name,* Benton
7. *Mother's Birthplace,* Portsmith Va
8. *Full Name of Father,* Richard Robison
9. *Father's Occupation,* single
10. *Father's Birthplace,* Acome Va

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross st 368

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 3rd 1883
4. *Place of Birth, (Street and Number)* No 103 Fort Ave
5. *Full Name of Mother,* Susannah Ellis
6. *Mother's Maiden Name,* do Shaud
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* William Ellis
9. *Father's Occupation,* Gas fitter & Plumber
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 634 S Charles street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Office: Record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd of February
4. *Place of Birth, (Street and Number)* 279 E. Monument
5. *Full Name of Mother,* Emilie S. Wrights
6. *Mother's Maiden Name,* E. S. Musicks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Solomon R. Wrights
9. *Father's Occupation,* Colporter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB. 6 1883

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	First Child
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	3 of February 883
4. *Place of Birth*, (*Street and Number*)	No 4 Marshall Alley
5. *Full Name of Mother*	Bridget Lu
6. *Mother's Maiden Name*,	Bridget Tolin
7. *Mother's Birthplace*,	Ireland
8. *Full Name of Father*,	Patrick Lu
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Sabina Gallagher
Address,	No 128 West St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

#1410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB. 6 1883

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 of February
4. *Place of Birth, (Street and Number)*	No 18 Colemant St
5. *Full Name of Mother,*	Lisa Feldman
6. *Mother's Maiden Name,*	Lisa Schwerkerd
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Feldman
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Selina Friedlander
Address,	No 128 Wells
Remarks,	

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6 1421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Saturday 3~~

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Fea Saturday 3
4. *Place of Birth, (Street and Number)* No 5 Sartogar Cort
5. *Full Name of Mother,* Hrander Armstrong
6. *Mother's Maiden Name,* Amanter Massie
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas; Armstrong
9. *Father's Occupation,* H laboring Man
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Harriet Hammond or architect

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/14/22

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (*state whether* 1*st*, 2*d*, ~~3*d*~~, *&c.*)

1. *Sex,* (*state whether male or ~~female~~*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 2d Feby 1883.
4. *Place of Birth,* (*Street and Number*) 205 N Caroy St
5. *Full Name of Mother,* Emma B. Seager
6. *Mother's Maiden Name,* Bamitz
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jno L Seager
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return — Geo H Layton MD

Address, #1 Waverly Terrace

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61423

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 3. 83.
4. *Place of Birth, (Street and Number)* S. Wolfstr No 28
5. *Full Name of Mother,* Mary Saffer
6. *Mother's Maiden Name,* Graf
7. *Mother's Birthplace,* Hessen Darmstat
8. *Full Name of Father,* Michael Saffer
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Baubach

Address, South Wolfstr No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/14/29

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex,* (*state whether* ~~male~~ *or female*) Female
2. *Race or Color,* (*if not of the white race*) White — ~~German~~
3. *Date of Birth,* Feb 4th 1883
4. *Place of Birth,* (*Street and Number*) 1r E Cor Patterson Pk & Calhoun
5. *Full Name of Mother.* Ella M Guignard — age 19
6. *Mother's Maiden Name,* Hammond
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* Louis F Guignard — age 28
9. *Father's Occupation,* Switzer Laid
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return B B Browne

Address,

Remarks,

14 JAN 1883

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

6 1425

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* Colored child
2. *Race or Color, (if not of the white race)* female child
3. *Date of Birth,* 4 February 1883
4. *Place of Birth, (Street and Number)* 24 Stockton Alley in City here
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Georgiana Diggs
7. *Mother's Birthplace,* Saint Mary Co, Md.
8. *Full Name of Father,* Joe Moore
9. *Father's Occupation,* family carriage driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary C. Jones

Address, 17 Watkins St City

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61426

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

6#

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th 1883
4. *Place of Birth, (Street and Number)* Maternity 161 W Lombard St
5. *Full Name of Mother,* Sollie Gardiner
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return W Roger McIntosh Mr.

Address, Maternity Hospl. 161 W Lombard St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61427

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1893

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Febuary 4/93
4. *Place of Birth*, (*Street and Number*)	#173 S Wolf St
5. *Full Name of Mother*,	Anna Knuecke
6. *Mother's Maiden Name*,	Knoche
7. *Mother's Birthplace*,	America
8. *Full Name of Father*,	Henry Knuecke
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*.	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61428

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 30 1893

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Sarah manen

1. *Sex,* (*state whether male or female*) Mack manen
2. *Race or Color,* (*if not of the white race*) Colord Born in 326 hamburg
3. *Date of Birth,* 4 of februay
4. *Place of Birth,* (*Street and Number*)
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Sarah Manen Born in Balto
7. *Mother's Birthplace,*
8. *Full Name of Father,* Robert manen Richmond
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1903

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second.

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* February 4 th.
4. *Place of Birth,* (*Street and Number*) N.W. Cor. Fremont & Green sts.
5. *Full Name of Mother,* Mary Chance
6. *Mother's Maiden Name,* Schaffer
7. *Mother's Birthplace,* Upper Virginia
8. *Full Name of Father,* John Chance
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Cty.

Name of Medical Attendant, or other Person who makes this Return. David S. Alderdice M.D.

Address, N.E. Cor. Columbia Ave. & Fremont St.

Remarks, Child in good physical condition, & living.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6/43a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4 1883
4. *Place of Birth, (Street and Number)* 52 Woodyear St
5. *Full Name of Mother,* Lizzie Sperrier
6. *Mother's Maiden Name,* Lizzie Arold
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Sperrier
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* German

Name of Medical Attendant, or other Person who makes this Return Mrs A Kensingh

Address, 3[illegible] Penn Ave

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 14 31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 4th 1883
4. *Place of Birth, (Street and Number)* #335 Central Ave.
5. *Full Name of Mother,* Gertrude Willinger
6. *Mother's Maiden Name,* " Lipp
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Thomas Willinger
9. *Father's Occupation,* Cigar Manufacturer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, 182 E. Monument Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 4th 1883
4. *Place of Birth, (Street and Number)* #33 Holland Street
5. *Full Name of Mother,* Kate Mangold
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Mangold
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Willegeist

Address, #182 E. Monument St.

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

F 1433

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 4th
4. *Place of Birth, (Street and Number)*	51 Richmond St
5. *Full Name of Mother,*	Sarah Brady
6. *Mother's Maiden Name,*	Sarah Grenninger
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Chas H Brady
9. *Father's Occupation,*	Rockeeker
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

b1434

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*)	3rd
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	white
3. *Date of Birth,*	Feb 4/83
4. *Place of Birth.* (*Street and Number*)	1512 Pratt St.
5. *Full Name of Mother,*	Adam Leddon
6. *Mother's Maiden Name,*	" " Galloway
7. *Mother's Birthplace,*	Newport Ky
8. *Full Name of Father,*	Benj. Leddon
9. *Father's Occupation,*	Wagonmaker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	R.H. Mansfield M.D.
Address,	117 S. Broadway
Remarks,	

FEB 15 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61435

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 4th 1883
4. *Place of Birth, (Street and Number)* No 103 S Bond st
5. *Full Name of Mother,* Helena Kraus
6. *Mother's Maiden Name,* " Kemler
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Emanuel Kraus
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 2.4.83
4. *Place of Birth (Street and Number)* 317 Mulberry St
5. *Full Name of Mother* Sarah Watkins
6. *Mother's Maiden Name* " Almack
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Lewis Watkins
9. *Father's Occupation* Train Dispatcher
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. W M Eastman

Address 349 Lord

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

TURN OF A BIRTH 6/14/37

ice of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ate whether 1st, 2d, 3d, &c.)	10 th
or female)	Male
the white race)	White
	Feb 1 1883
nd Number)	Hull Street
	Elizabeth Summers
	Elizabeth ~~Street~~ Street
	Baltimore
	Henry Summers
	Celeste
	Summa
dant, or other Person who makes this Return	Maggie Ettel
	No 13 Cuba Street

RETURN OF A BIRTH 61438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	~~White~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 4 1883
4. *Place of Birth, (Street and Number)*	283 N Gally Av
5. *Full Name of Mother,*	Olivia Flannagan
6. *Mother's Maiden Name,*	Olivia Smith
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Polk Flannagan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke MD
Address,	146 Hanover
Remarks,	

...within six days thereafter, stating distin... ...and, born, its or their physical condition, whether still-born or not, ...ativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61439

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Feb 5th 1883

FEB 7 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 4th 1883
4. *Place of Birth, (Street and Number)* 113 Chester St.
5. *Full Name of Mother,* Mary Struber
6. *Mother's Maiden Name,* Mary Cook
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Jacob A. Struber
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, No. 137 S. Wolfe St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 4. 1883.
4. *Place of Birth, (Street and Number)* Hamstead St. No 69.
5. *Full Name of Mother,* Ellen Dary
6. *Mother's Maiden Name,* Ellen Ince
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Patrick Dary
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Seagal County, N. Gr. Britt. Europe

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26.

Remarks,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2des Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 4, 1883
4. *Place of Birth, (Street and Number)* Orlean St. No 68
5. *Full Name of Mother,* Margaretha Knauer
6. *Mother's Maiden Name,* Margaretha Resel.
7. *Mother's Birthplace,* Baltº City
8. *Full Name of Father,* Georg Knauer
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace.* Baltº City

Name of Medical Attendant, or other Person who makes this Return Mary E. Mullen

Address, N. Dallas St. No 26.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

b1442

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB. 14 1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female color

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 4 of February

4. *Place of Birth, (Street and Number)* Howard Co 200

5. *Full Name of Mother,* Sarah Pemberton

6. *Mother's Maiden Name,* Johnson

7. *Mother's Birthplace,* Dulles Island

8. *Full Name of Father,* William Pemberton

9. *Father's Occupation,* Drayman

10. *Father's Birthplace,* Carline Co

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross St 368

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6144 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB. 6 1883

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of February 1883
4. *Place of Birth, (Street and Number)* No 137 Battery Av.
5. *Full Name of Mother,* Lille Morking
6. *Mother's Maiden Name,* Lille Schenkle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nick Morking
9. *Father's Occupation,* Laborbor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Grimaker

Address, No 125 West St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61444

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 4th 1883
4. *Place of Birth, (Street and Number)* No 8 Marshall Ave
5. *Full Name of Mother,* Maggie Adams
6. *Mother's Maiden Name,* Mrs Trumbo
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Benjamin Adams
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 684 South Charles Street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61445

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2?
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Feb'y 4
4. *Place of Birth*, (*Street and Number*)	McCulloh next to Townsend
5. *Full Name of Mother*,	Grace Keach
6. *Mother's Maiden Name*,	Guest
7. *Mother's Birthplace*,	Balt'.
8. *Full Name of Father*,	Cyrus W. Keach
9. *Father's Occupation*,	Merchant
10. *Father's Birthplace*,	Balt'.
Name of Medical Attendant, or other Person who makes this Return	A. McAllister
Address,	257 Mad. Ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61446

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb: 4th 1883
4. *Place of Birth, (Street and Number)* S.E. Comm Parkhurst & ~~Jasper~~ Tyson Street
5. *Full Name of Mother* Lillie Manly
6. *Mother's Maiden Name* Lillie Tyson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gaston Manly
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return H. P. O. Wilson Jr

Address 146 Park Av

Remarks Delivered child alive, by turning

RETURN OF A BIRTH 61447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 21 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Males
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febuary 14th 1883
4. *Place of Birth, (Street and Number)*	Lexington st 109 2d
5. *Full Name of Mother*	geneva Wagner
6. *Mother's Maiden Name,*	geneva steager
7. *Mother's Birthplace,*	Ohio
8. *Full Name of Father,*	Frank J Wagner
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address,	No 192 Pratt st
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing

61448

6 11149

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 5th 1883.
4. Place of Birth (Street and Number)	247 N Eutaw St
5. Full Name of Mother	Alice B Montell
6. Mother's Maiden Name	Alice B Keech
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William A Montell
9. Father's Occupation	Dental Student
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W Hammond Md
Address	64 N Pacas St
Remarks	Labor Natural

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH 01450

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 6th 1883
4. *Place of Birth, (Street and Number)* No 6 Essex str.
5. *Full Name of Mother,* Maria Meuke
6. *Mother's Maiden Name,* " Daukmeyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhard Meuke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bolz

Address, 120 Bank str

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1 1883

Name of child: Lucy Walker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 5,
4. *Place of Birth, (Street and Number)* 83 Pine St.
5. *Full Name of Mother,* Lucy Ella Walker
6. *Mother's Maiden Name,* " " Warwick
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* John O Walker
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return Dr Morgan

Address, 119 W Monument St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1453

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th
4. *Place of Birth, (Street and Number)* Bank St No 2
5. *Full Name of Mother,* Pauline Mierzejewska.
6. *Mother's Maiden Name,* Gurski
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Felix Mierzejewski
9. *Father's Occupation,* Baltimore & Ohio Railroad Blacksmith
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return Emilie Berge

Address, ...

Remarks, ...

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61453

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 8 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 5th of February 1883.
4. *Place of Birth, (Street and Number)* 235 East Madison.
5. *Full Name of Mother,* Emma Pastig.
6. *Mother's Maiden Name,* Emma Miller.
7. *Mother's Birthplace,* Fair-haven.
8. *Full Name of Father,* August Miller.
9. *Father's Occupation,* Painter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel.

Address, 11 North Chapel St. per Justina Kunkel.

Remarks, Health.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

61454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 8 1883

Child of Mother (state whether 1st, 2d, 3d, &c) 3rd

(state whether Male or Female) Male

ce or Color (if not of the white race) Colored

te of Birth Feb. 5th 1883.

ace of Birth (Street and Number) No. 46 N. Parish St. bet. franklin & Edmonson

ll Name of Mother Mrs Eliza Rose

ther's Maiden Name I dont know

ther's Birthplace Mr. J. H. Rose.

ll Name of Father "

ther's Occupation Worker on the R Road.

ther's Birthplace I dont know.

me of Medical Attendant, or other Person who makes this Return.

ldress Caroline Stewart

emarks fine Baby & is very healthy

RETURN OF A BIRTH, 21415

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 7 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth 5th February 1883.
4. Place of Birth, (Street and Number) 367 Franklin st.
5. Full Name of Mother Kate Steinbuch.
6. Mother's Maiden Name Kate Ehrlicher.
7. Mother's Birthplace Germany.
8. Full Name of Father John N. Steinbuch.
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Carroll.

Address 7 Patterson Ave.

Remarks

...at the ... of any ... within the City of Baltimore, shall report to the registrar aforesaid, within ... days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6/456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 5th of February, 1883
4. *Place of Birth*, (*Street and Number*) Baltimore 343 Hadary alley.
5. *Full Name of Mother*. Annie Freund.
6. *Mother's Maiden Name*. Annie Brown
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*. Conrad Freund
9. *Father's Occupation*, Engineer.
10. *Father's Birthplace*. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61457

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* feb 5
4. *Place of Birth, (Street and Number)* 292 Eutaw St
5. *Full Name of Mother,* Louise Fountain
6. *Mother's Maiden Name,* Fountain
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return Sarah Brown

Address, 292 Eutaw St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61458

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 5 '83
4. *Place of Birth, (Street and Number)* 148 Orleans St
5. *Full Name of Mother,* Elizabeth A Sapp
6. *Mother's Maiden Name,* Carbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel C Sapp
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A. Altwell

Address, 281 McDonogh St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth feb 5

4. Place of Birth (Street and Number) baltimore St

5. Full Name of Mother mary ann cerner

6. Mother's Maiden Name — = down

7. Mother's Birthplace batimore

8. Full Name of Father John cerner

9. Father's Occupation house carpenter

10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. mary pertine

Address 59 madeira al

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 01460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	First
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	February 5th, 1883
4. *Place of Birth*, (*Street and Number*)	No 40. Barnes St.
5. *Full Name of Mother*,	Marie Kunkel
6. *Mother's Maiden Name*,	" Wagner
7. *Mother's Birthplace*,	Hessen Germany
8. *Full Name of Father*,	John Kunkel
9. *Father's Occupation*,	Milkman
10. *Father's Birthplace*.	Bavarian Germany
Name of Medical Attendant, or other Person who makes this Return	Josepina Konrad
Address,	No. 20. Barnes St.
Remarks,	

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61461

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Feb. 5 1883
4. *Place of Birth, (Street and Number)* 117 N. Exeter St
5. *Full Name of Mother* Julia Dettebacher
6. *Mother's Maiden Name* " Kleineibsh
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Gustav Dettebacher
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 54 Aisquith St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61462

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB. 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of February 1883
4. *Place of Birth, (Street and Number)* ~~Kunne Kupfin~~ No 5 Poltney St
5. *Full Name of Mother,* Kunne Kupfin
6. *Mother's Maiden Name,* Kunne Fischer
7. *Mother's Birthplace,* Byern
8. *Full Name of Father,* John Kupfin
9. *Father's Occupation,* Kooper
10. *Father's Birthplace.* Byern

Name of Medical Attendant, or other Person who makes this Return Sabina Griesbaber

Address, N 10128 West St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 5-22-57

RETURN OF A BIRTH

0146 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Elsie Augusta Gagenheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 5th. 1883
4. *Place of Birth, (Street and Number)*	corner 395 W Pratt St
5. *Full Name of Mother,*	Charlotte Gagenheimer
6. *Mother's Maiden Name,*	" Herkel
7. *Mother's Birthplace,*	Wittenberg
8. *Full Name of Father,*	Christ Gagenheimer
9. *Father's Occupation,*	Wittenberg Painter
10. *Father's Birthplace,*	Wittenberg
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Prost
Address,	No. 328 S. Eutaw St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Official Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61464

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 5th 1883
4. *Place of Birth, (Street and Number)* #548 Aisquith St.
5. *Full Name of Mother,* Sophia T. Sulzer
6. *Mother's Maiden Name,* " Denerling
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John F. Sulzer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Willegeist

Address, #182 E. Monument St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61465

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb: 5th 1883
4. *Place of Birth, (Street and Number)* 185 St Paul Street
5. *Full Name of Mother* Mary Martin
6. *Mother's Maiden Name* Mary Burkett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Guillermo H Martin
9. *Father's Occupation* Traveling Clerk
10. *Father's Birthplace* Cuba

Name of Medical Attendant, or other Person who makes this Return. P. O. Wilson M.D.

Address 146 Park Ave

Remarks Delivered child alive with Forceps

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 61466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* black
3. *Date of Birth,* Feby. 5. 1883.
4. *Place of Birth, (Street and Number)* 42 Rose st
5. *Full Name of Mother,* Mary Johns
6. *Mother's Maiden Name,* " Murry
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Cornelius Johns
9. *Father's Occupation,* coachman
10. *Father's Birthplace,* in a "western state"

Name of Medical Attendant, or other Person who makes this Return G Lane Tannyhill

Address, 219 Madison ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: William Joseph Brushmiller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 5 1880
4. *Place of Birth, (Street and Number)* 4 Hersh Place
5. *Full Name of Mother,* Mary A. Brushmiller
6. *Mother's Maiden Name,* " " Kelly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. W. Brushmiller
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* ~~[illegible]~~ Balto

Name of Medical Attendant, or other Person who makes this Return L. Shedd M.D.

Address, 143 N Exeter St

Remarks, S.A.S. [illegible] Normal

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61468

GIVEN NAME ADDED 6-2-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: William Edwin Katenkamp

FEB 9 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 5/83
4. *Place of Birth, (Street and Number)* 24 Clarke St.
5. *Full Name of Mother* Pauline M. Katenkamp
6. *Mother's Maiden Name* Scharer
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wm. T. Katenkamp
9. *Father's Occupation* Whip & Umbrella Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 205 W. Biddle St.

Remarks

RETURN OF A BIRTH 61469

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 5 Feb, 1883
4. *Place of Birth, (Street and Number)* 110 Shields Alley
5. *Full Name of Mother,* Margaret Dickison
6. *Mother's Maiden Name,* Elwood
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Steven Dickison
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return Gray Smith

Address, Townsend & Fremont Sts

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 64470

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 6th 1883
4. *Place of Birth, (Street and Number)*	36 Hill Street
5. *Full Name of Mother,*	Mrs. Fannie Mayd
6. *Mother's Maiden Name,*	" Hill
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Mr. John Mayd
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dina Hillegeist
Address,	#182 E. Monument Street
Remarks,	

FEB 13 1883

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 6th 1883
4. *Place of Birth, (Street and Number)*	No 5 Hope St
5. *Full Name of Mother,*	Maria Louisa Barry
6. *Mother's Maiden Name,*	" " Ingram
7. *Mother's Birthplace,*	Lancaster Co Va
8. *Full Name of Father,*	Celsiden B Barry
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Regina D Winter
Address,	186 Harford Ave
Remarks,	

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61472

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6th 1883
4. *Place of Birth, (Street and Number)* 91 Lanvale St
5. *Full Name of Mother,* Catharine C Oliver
6. *Mother's Maiden Name,* Catharine C Reed
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* C. K. Oliver
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return Dr. [illegible]

Address, 612 W. [illegible]

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61473

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st - Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 6th 1883
4. *Place of Birth, (Street and Number)*	161. W. Lombard St
5. *Full Name of Mother,*	Maggie Stuberger
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	[illegible]
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other Person who makes this Return	W. D. McIntosh, M. D.
Address,	161. W. Lombard St
Remarks,	Normal case - Easy labor - No shock - Patient rallied well -

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61474

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Female
2. *~~Race or Color~~ (if not of the white race)*
3. *Date of Birth* Feb 6th
4. *Place of Birth (Street and Number)* 243 Holy Ch
5. *Full Name of Mother* Sophia Worthington
6. *Mother's Maiden Name* Sophia Valentine
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas M. Worthington
9. *Father's Occupation* Traveling Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. T. J. Simms M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61475

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 8 1883

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 & 7th (Twins)
1. Sex (state whether Male or Female)	Females
2. Race or Color (if not of the white race)	
3. Date of Birth	6th February 1883
4. Place of Birth (Street and Number)	224 Montgomery st
5. Full Name of Mother	Kate Dannaker
6. Mother's Maiden Name	Meekins
7. Mother's Birthplace	Balt
8. Full Name of Father	David Dannaker
9. Father's Occupation	Engineer
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	H. W. Welsh M.D
Address	57 Bank
Remarks	

RETURN OF A BIRTH.

61476

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 8 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 6th February 1883
4. Place of Birth (Street and Number) 162 S Charles
5. Full Name of Mother Mary Cahill
6. Mother's Maiden Name Jones
7. Mother's Birthplace Bal
8. Full Name of Father James Cahill
9. Father's Occupation Laborer
10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. J H W Webster

Address 57 Barnet

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

61477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. *Sex* (~~state whether~~ Male or ~~Female~~) ..... White
2. *Race or Color* (if not of the white race) ..... Feby 6th
3. *Date of Birth* ..... 246 Hollins
4. *Place of Birth* (Street and Number) ..... Mary A. McNeal
5. *Full Name of Mother* ..... Mary A Farrell
6. *Mother's Maiden Name* ..... Ireland
7. *Mother's Birthplace* ..... Thomas McNeal
8. *Full Name of Father* ..... Laborer
9. *Father's Occupation* ..... Ireland
10. *Father's Birthplace* .....

Name of Medical Attendant, or other Person who makes this Return. ..... Robt K Knaus

Address ..... 554 W Fayette St

Remarks .....

.....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 6 th
4. *Place of Birth, (Street and Number)* or 402 Canton Av
5. *Full Name of Mother,* Mary Emma ~~Graham~~ Weitzel
6. *Mother's Maiden Name,* Mary Emma ~~Weitzel~~ Graham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry L Weitzel
9. *Father's Occupation,* Ship Plumber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 130 S Caroline St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61479

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* febuary 6 th

4. *Place of Birth, (Street and Number)* no 32 vane st

5. *Full Name of Mother,* rachel evans

6. *Mother's Maiden Name,* rachel colwell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Bushrod evans

9. *Father's Occupation,* Water

10. *Father's Birthplace,* winchester va

Name of Medical Attendant, or other Person who makes this Return mrs Lydia Porter

Address, no 4 patapsco avenue

Remarks, healthy child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 of February 1883
4. Place of Birth (Street and Number)	No 18 Amity Street
5. Full Name of Mother	Margaret Gaigley
6. Mother's Maiden Name	Margaret Mayer
7. Mother's Birthplace	Louisville Louisiana
8. Full Name of Father	John H Gaigley
9. Father's Occupation	Hostler
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	May Jane Richardson
Address	212 Hoyt Street
Remarks	Mother and child doing well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61481

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Birth
1. *Sex, (state whether male or female)*	Boi
2. *Race or Color, (if not of the white race)*	Weit
3. *Date of Birth,*	6 Februar
4. *Place of Birth, (Street and Number)*	Ballirave
5. *Full Name of Mother,*	Elisabeth Kubel
6. *Mother's Maiden Name,*	" " Lodzer
7. *Mother's Birthplace,*	Burgendreig Hanover
8. *Full Name of Father,*	Wilhelm Kübel
9. *Father's Occupation,*	Sattler
10. *Father's Birthplace,*	Herbstein Hessen
Name of Medical Attendant, or other Person who makes this Return	
Address,	Lombardstreet No 278
Remarks,	Mrs Maurer.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61482

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth feb 6

4. Place of Birth (Street and Number) 82 castel st

5. Full Name of Mother ~~[illegible]~~ ave stine

6. Mother's Maiden Name ave andres

7. Mother's Birthplace york pa

8. Full Name of Father joseph stine

9. Father's Occupation labor

10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. marg pertnee

Address 59 madera al

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

b1483

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	7th Child
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Feb 6th 1883
4. *Place of Birth*, (*Street and Number*)	No 62 S Paca St.
5. *Full Name of Mother*,	Anna Biemuller
6. *Mother's Maiden Name*,	Rödel
7. *Mother's Birthplace*,	Cur Hessen
8. *Full Name of Father*,	Johan Biemuller
9. *Father's Occupation*,	Ice Dealer
10. *Father's Birthplace*,	Bavaria
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Krow
Address,	No 328 S Eutaw St.
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61484

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	4the Child
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Feb 6th 1883
4. *Place of Birth*, (*Street and Number*)	No 40 Marion St.
5. *Full Name of Mother*,	Dorothe Buls
6. *Mother's Maiden Name*,	" Rherman
7. *Mother's Birthplace*,	Bavaria
8. *Full Name of Father*,	Charl. Buls
9. *Father's Occupation*,	Tyelor
10. *Father's Birthplace*,	Hess. Darmstadt.
Name of Medical Attendant, or other Person who makes this Return	mrs Maria Vroh
Address,	No 328 E. Eutaw St.
Remarks,	

© DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

0145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 14 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	6th
4. *Place of Birth (Street and Number)*	102 Bakery Ave
5. *Full Name of Mother*	Mary Lucretia Perkins
6. *Mother's Maiden Name*	Carroll
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James Alfred Perkins
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Carroll
Address	68 Pont St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61486

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	February 6. 1883.
4. *Place of Birth, (Street and Number)*	104 Parkin St.
5. *Full Name of Mother*	Mary Matthews.
6. *Mother's Maiden Name*	Mary Lavacy.
7. *Mother's Birthplace*	Maryland.
8. *Full Name of Father*	Edwd Matthews.
9. *Father's Occupation*	
10. *Father's Birthplace*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watts. M. D.
Address	203 N. Fulton St.
Remarks	

RETURN OF A BIRTH

61487

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord Race
3. Date of Birth, Feb 6 1883
4. Place of Birth, (Street and Number) 45 Shuter St
5. Full Name of Mother, Susin Tilman
6. Mother's Maiden Name, Susin Proctor
7. Mother's Birthplace, Fredrick County
8. Full Name of Father, George Tilman
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lucindia Woolford

Address, 130 Register St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61488

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febe 6th 1883
4. Place of Birth, (Street and Number) No 451 Fremont St.
5. Full Name of Mother, Ana Muller.
6. Mother's Maiden Name, " Ovelhariz.
7. Mother's Birthplace, Bayern
8. Full Name of Father, Jack Müller.
9. Father's Occupation, Labor.
10. Father's Birthplace, Nfrnig.

Name of Medical Attendant, or other Person who makes this Return C. Schmitt

Address, No 348 Lemmon Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6-1489

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	seventh Child first Male
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	Black race
3. *Date of Birth*	sixth day of february
4. *Place of Birth (Street and Number)*	No 34 Madiera Alley
5. *Full Name of Mother*	Margareth Truely
6. *Mother's Maiden Name*	Margareth Jacobs
7. *Mother's Birthplace*	Norfolk Va.
8. *Full Name of Father*	William Truely
9. *Father's Occupation*	Hostler
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary Thelen
Address	No 37 Madiera Alley
Remarks	

RETURN OF A BIRTH 61490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6 February 1893
4. *Place of Birth, (Street and Number)* 163 E. Gay St.
5. *Full Name of Mother* Mary Dis
6. *Mother's Maiden Name,* " Henning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~~Jak. Dis~~ Joseph Dis
9. *Father's Occupation,* driver
10. *Father's Birthplace.* Bayern

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Uhlig

Address, 78 Holland St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 6 1883
4. *Place of Birth, (Street and Number)* Residence 3d door from Gay
5. *Full Name of Mother,* Emma Mergenthaler
6. *Mother's Maiden Name,* " Lochmayer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Ottmar F. Mergenthaler
9. *Father's Occupation,* Electrician
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return D. Sheet M.D.

Address, 142 N. Exeter St

Remarks, R. I. I. a — presented by birth

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61492

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 7 th 1883
4. *Place of Birth, (Street and Number)*	No. 266 Hanover st.
5. *Full Name of Mother,*	Elisa Ulrich
6. *Mother's Maiden Name,*	Brandel
7. *Mother's Birthplace,*	American
8. *Full Name of Father,*	Frank Ulrich
9. *Father's Occupation,*	Glassblower
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return	J. Lohmasser midwife
Address,	330 Hanover st.
Remarks,	

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) third

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* Feb. 7, 1883
4. *Place of Birth,* (*Street and Number*) No 40 N. Schroeder
5. *Full Name of Mother,* Mrs. Anna Schwartz
6. *Mother's Maiden Name,* Anna Schleef
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John G. Schwartz
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster

Address, 255 N. Eutaw St.

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6 1494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	12th
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	1th February 1883
4. *Place of Birth*, (*Street and Number*)	Patapsco street (north Hudson)
5. *Full Name of Mother*,	Harriett Sullens
6. *Mother's Maiden Name*,	Harriet Holt
7. *Mother's Birthplace*,	Frederick Co. Md
8. *Full Name of Father*,	John R. Sullens
9. *Father's Occupation*,	Wheater
10. *Father's Birthplace*,	Frederick Co. Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Sarah Sullens
Address,	104 Conkey Street (eastons)
Remarks,	

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61495

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	February 7th
4. *Place of Birth, (Street and Number)*	No 128 Hughey
5. *Full Name of Mother,*	Naomi Fellhouse
6. *Mother's Maiden Name,*	" Wyat
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John Fellhouse
9. *Father's Occupation,*	Patern maker
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	D C Burch M D
Address,	151 N Fremont St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61496

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1 1903

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 3d

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* February 7th 18/83
4. *Place of Birth,* (*Street and Number*) No 122 North Dallas Street
5. *Full Name of Mother,* Susan A Cooper
6. *Mother's Maiden Name,* Susan A Byan
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Stephen H Cooper
9. *Father's Occupation,* A Laberor
10. *Father's Birthplace,* Eastern Shore Dorchester County MD

Name of Medical Attendant, or other Person who makes this Return Mrs Anna Dunton

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1497

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 17 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 1st February
4. *Place of Birth,* (Street and Number) 105 little Alice Anna St.
5. *Full Name of Mother,* Mary Burkowsky
6. *Mother's Maiden Name,* = Bathfak
7. *Mother's Birthplace,* Meklenburg (Germ)
8. *Full Name of Father,* August Burkowsky
9. *Father's Occupation,* A Schuster
10. *Father's Birthplace,* West Prussia (Germ).

Name of Medical Attendant, or other Person who makes this Return. E. Behnken

Address, 54 Essex Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 11490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 7th 1883
4. *Place of Birth, (Street and Number)* No 426 Canton Ave
5. *Full Name of Mother,* Hermina Engler
6. *Mother's Maiden Name,* " Droewe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Engler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Batz

Address, 120 Bank st

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 7th 1883
4. *Place of Birth, (Street and Number)* No 539 E Fayette st
5. *Full Name of Mother,* Rosa Passaguay
6. *Mother's Maiden Name,* " Schneider
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jacob Passaguay
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6150a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth,* Feb 7th 83
4. *Place of Birth, (Street and Number)* 439 Lexington
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Betting

Address, 46 N. Fayette

Remarks, R. O. J. Act Illegitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

1507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 8 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	7th February 1883
4. Place of Birth (Street and Number)	66 York st
5. Full Name of Mother	Kate Garrety
6. Mother's Maiden Name	Dougherty
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Garrety
9. Father's Occupation	Huckster
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	H W Webster
Address	57 Barnet
Remarks	

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

6502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 7—1883.
4. *Place of Birth, (Street and Number)* 68 Portland st.
5. *Full Name of Mother,* Barbara Sanders
6. *Mother's Maiden Name,* Barbara Krumholz
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Peter Sanders
9. *Father's Occupation,* Mason
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Virginia Schlifer

Address, 20 Columbia st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 1 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* feb 7
4. *Place of Birth (Street and Number)* miscelaneous st exstand
5. *Full Name of Mother* clara b andres
6. *Mother's Maiden Name* " " corbl'ark
7. *Mother's Birthplace* philadelphia
8. *Full Name of Father* john andres
9. *Father's Occupation* schoemaker
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. mary [illegible]

Address 5[illegible] [illegible]

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61504

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Records of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 7 1893
4. *Place of Birth, (Street and Number)* 111 Jefferson St
5. *Full Name of Mother* Marcella E. Cummings
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James L. Boyd
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Balto. Co. Md

Name of Medical Attendant, or other Person who makes this Return. Chas. R. Baldwin

Address 54 Aisquith St

Remarks This child before being dressed weighed the small number of 2½ pounds.

RETURN OF A BIRTH.

6150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* .....
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* feb 7th
4. *Place of Birth (Street and Number)* Bethel court no 11
5. *Full Name of Mother* Susan graves
6. *Mother's Maiden Name* Susan Bond
7. *Mother's Birthplace* Balt City
8. *Full Name of Father* John queen
9. *Father's Occupation* Laborg
10. *Father's Birthplace* Harford Co

Name of Medical Attendant, or other Person who makes this Return. madam a Ruff

Address no 120 Chestnut st

Remarks .....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6 1506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* " White
3. *Date of Birth,* 7 of February 1883
4. *Place of Birth, (Street and Number)* 36 Odonnell
5. *Full Name of Mother,* Katie Olena Gill
6. *Mother's Maiden Name,* Kate Starkey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry Gill
9. *Father's Occupation,* laboring
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 7 - 1883
4. *Place of Birth, (Street and Number)* 87 Nash Market Space
5. *Full Name of Mother* Mary Paul
6. *Mother's Maiden Name,* Wensel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Paul
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Steiz

Address, 151 E Pratt St.

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61508

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex.* (state whether male or female)	female
2. *Race or Color.* (if not of the white race)	white
3. *Date of Birth,*	Wednesday Feb 7th 1888
4. *Place of Birth.* (Street and Number)	168 Penn Line
5. *Full Name of Mother.*	Sophia Harvey
6. *Mother's Maiden Name,*	Goldman
7. *Mother's Birthplace,*	Cumberland Md.
8. *Full Name of Father,*	John Henry Harvey
9. *Father's Occupation,*	Works in Three I Store
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Emily Holmes. Midwife
Address,	33 Penn Street
Remarks.	

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 7 — 83
4. *Place of Birth, (Street and Number)*	117 N. Howard St.
5. *Full Name of Mother,*	Pauline F. A. Hokamp
6. *Mother's Maiden Name,*	" " Mistland
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	L. F. Hokamp
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	J. Gilmoyer M.D.
Address,	15 Exeter St.
Remarks,	

FEB 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febnary 7th "
4. *Place of Birth, (Street and Number)*	No " 1803 Pratt st
5. *Full Name of Mother,*	Lizzibeth Kamp
6. *Mother's Maiden Name,*	" " Goth
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Garrett Kamp
9. *Father's Occupation,*	Provision store
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Sophia Siemon
Address,	No 70 Granby st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7 February
4. *Place of Birth, (Street and Number)* 94 Hammerset Street
5. *Full Name of Mother,* Carlie White
6. *Mother's Maiden Name,* Carlie Himmelein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie White
9. *Father's Occupation,* Dead.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Walker

Address, 239 E Eager Street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61512

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 9 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7 February
4. *Place of Birth, (Street and Number)* 85 Tommerset Street
5. *Full Name of Mother,* Hatie Mcelier
6. *Mother's Maiden Name,* Hatie Heller
7. *Mother's Birthplace,* County Harry Irland
8. *Full Name of Father,* Phillip Mcelier
9. *Father's Occupation,* Thelegraph Operator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 239 E. Eager Street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feby 8th 1883
4. *Place of Birth (Street and Number)* 560 Franklin St
5. *Full Name of Mother* Mary Newcomer
6. *Mother's Maiden Name* Mary Murray
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* C. Otmar Newcomer
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. A. Steiner M.D.

Address 41 N. Carey St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

6/514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8th February 1883
4. *Place of Birth, (Street and Number)*	43 Harrison St
5. *Full Name of Mother,*	Braina Sterenstein
6. *Mother's Maiden Name,*	Brajna Leib
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Motel Sterenstein
9. *Father's Occupation,*	Gold Beater
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	Mrs. Justman
Address,	55 Harrison St
Remarks,	Baltimore

FEB 13 1883

WM. O. DULANY & CO., CITY PRINTERS AND STATIONERS

61515

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 13 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* Feb 8th 1883
4. *Place of Birth (Street and Number)* #59 Cliffard St
5. *Full Name of Mother* Virginia Griggs
6. *Mother's Maiden Name* miss Virginia Griggs
7. *Mother's Birthplace* West more land Co. Va
8. *Full Name of Father* Wm. Griggs
9. *Father's Occupation* Waiter
10. *Father's Birthplace* West more land. County. Va

Name of Medical Attendant, or other Person who makes this Return. Catherine Kilby

Address 44 Walker St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6156

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 5 1883
4. *Place of Birth, (Street and Number)* Cooke Street
5. *Full Name of Mother,* Betty Fisher
6. *Mother's Maiden Name,* Betty Heineman
7. *Mother's Birthplace,* Germa
8. *Full Name of Father,* Fred Fisher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germa

Name of Medical Attendant, or other Person who makes this Return Maggie Ethel

Address, No 13 Aud Street

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	~~Female~~ Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th ~~6~~ 8th
4. *Place of Birth, (Street and Number)*	2977 Franklin St
5. *Full Name of Mother,*	Mrs. Sara J. McKean
6. *Mother's Maiden Name,*	" " Counter
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	John G. McKean
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Md,
Name of Medical Attendant, or other Person who makes this Return	H F Hill M D
Address,	1443 Franklin St
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	First
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	February 5th 1883.
4. *Place of Birth*, (*Street and Number*)	246 E. Chase St.
5. *Full Name of Mother*,	Elizabeth Peters
6. *Mother's Maiden Name*,	Timmerman
7. *Mother's Birthplace*,	Baltimore City
8. *Full Name of Father*,	Joseph Peters.
9. *Father's Occupation*,	Tailor
10. *Father's Birthplace*,	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. H. Feldmeier M.D.
Address,	S. E. Cor. Eager & Caroline Sts
Remarks,	

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 9 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	American.
3. Date of Birth	Feb. 8th 1883.
4. Place of Birth (Street and Number)	4 Montrose St.
5. Full Name of Mother	Anne E. Chenoweth.
6. Mother's Maiden Name	Anne E. Dorsey.
7. Mother's Birthplace	Maryland.
8. Full Name of Father	Richard T. Chenoweth.
9. Father's Occupation	Car driver.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Smithcum M.D.
Address	584 W. Fayette St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6.130

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colled
3. *Date of Birth,* Feb 8 1883
4. *Place of Birth, (Street and Number)* Vincent Alley 236
5. *Full Name of Mother,* Adonias Collins
6. *Mother's Maiden Name,* Adonias Collins
7. *Mother's Birthplace,* Irwin Ireland
8. *Full Name of Father,* Peter Jones
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Alexandria

Name of Medical Attendant, or other Person who makes this Return. Caroline Anderson

Address, Vincent Alley No 66

Remarks, None

JOHN B. PIET, PRINTER & STATIONER, BALT.

17

RETURN OF A BIRTH

61521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 8th 1883. 9.35 A.M.
4. *Place of Birth, (Street and Number)* No 157 Bond St.
5. *Full Name of Mother,* Mary Margaret McFarland
6. *Mother's Maiden Name,* " " Sowers
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William Adams McFarland
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Pembroke M. Womble M.D.

Address, No 205 W. Lombard St

Remarks, Baltimore Md

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61522

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Male
2. *Race or ~~Color~~, (if not of the white race)*	
3. *Date of Birth,*	8 February
4. *Place of Birth, (Street and Number)*	16 Dame Street
5. *Full Name of Mother,*	Cela Nelson
6. *Mother's Maiden Name,*	Common
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Henry Nelson
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Norwagen
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72. E. Lombard street
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

6152 E

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 8. 83.
4. *Place of Birth, (Street and Number)* S. Registerstr. 98
5. *Full Name of Mother,* Mary Grabe
6. *Mother's Maiden Name,* Ostermann
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Friedrich Grabe
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. J. Baubach

Address, S. Wolfstr. No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Feb 8th
4. *Place of Birth*, (*Street and Number*) St. Vincents Infant Asylum
5. *Full Name of Mother*,
6. *Mother's Maiden Name*, Mary Crowley
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return Sister of charity

Address,

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

over 61525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Mary Johanne Ritter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 February
4. Place of Birth, (Street and Number) 63 Hillen St.
5. Full Name of Mother, Mary J. Ritter
6. Mother's Maiden Name, " Schimpf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Ritter
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Uhlig

Address, 48 Holland St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6526

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 8th 1883
4. *Place of Birth, (Street and Number)*	No 68 Stiles St.
5. *Full Name of Mother,*	Johannah Stapleton
6. *Mother's Maiden Name,*	Johannah Troy
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Matthew Stapleton
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland,
Name of Medical Attendant, or other Person who makes this Return	Mrs Eliza Flynning
Address,	No 98 Albemarle St.
Remarks,	(City)

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 61527

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 13 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First —

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 9th 1883
4. Place of Birth (Street and Number) 53 E. Baltimore St
5. Full Name of Mother Mrs Geo. Parr
6. Mother's Maiden Name Estelle Webb
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo Parr
9. Father's Occupation Tailor.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. F. Bevan MD

Address Leiden Ave & Lanvale St —

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 9 1883
4. *Place of Birth, (Street and Number)* 322 East Balto St
5. *Full Name of Mother,* Fannie Nusbaum
6. *Mother's Maiden Name,* " Heiman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Myer A Nusbaum
9. *Father's Occupation,*
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return G. G. Rusk M. D.

Address, Balt. & Wash. St.

Remarks, Natural

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61529

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 9th
4. *Place of Birth, (Street and Number)*	No 95 E. Montgomery St
5. *Full Name of Mother,*	Mary Wagner
6. *Mother's Maiden Name,*	" Purcell
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Geo Wagner
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	J C Burch M D
Address,	151 Hanover St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

6153a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 9th 1883.
4. *Place of Birth, (Street and Number)* No. 7 Cove st. Balto city
5. *Full Name of Mother,* Louisa Droff.
6. *Mother's Maiden Name,* " Sonks.
7. *Mother's Birthplace,* Balto. city.
8. *Full Name of Father,* James Droff.
9. *Father's Occupation,* Engineer at the corner of Balto & Howard st.
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return M. J. Lenan

Address, 36 Frederick ave.

Remarks, A Tiny little baby dont think it will live

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 9th
4. *Place of Birth, (Street and Number)*	199 Clifton Place
5. *Full Name of Mother,*	Nellie Simmons
6. *Mother's Maiden Name,*	Nellie Spearman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John F Simmons
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm Woolridge
Address,	
Remarks,	

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

6/1532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 17 1865

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Borned Friday Feb 3
1. *Sex, (state whether male or female)*	Female Child
2. *Race or Color, (if not of the white race)*	Collord Child
3. *Date of Birth,*	Three Children
4. *Place of Birth, (Street and Number)*	Baltimore M. St. No 15 Jordan alley
5. *Full Name of Mother,*	Mrs sarah Jennings
6. *Mother's Maiden Name,*	Miss Sarah Boom
7. *Mother's Birthplace,*	West River M. D.
8. *Full Name of Father,*	Mr. Charles Jennings
9. *Father's Occupation,*	Furniture Wagon
10. *Father's Birthplace,*	Annapolis
Name of Medical Attendant, or other Person who makes this Return	Mrs Lucy Cornish
Address,	No 15 Jordan alley
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 17 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex.* (state whether male or female)	female
2. *Race or Color.* (if not of the white race)	white
3. *Date of Birth,*	9th " Feb 1883
4. *Place of Birth.* (Street and Number)	8 Whitevale st
5. *Full Name of Mother,*	Kate England
6. *Mother's Maiden Name,*	" Lowers
7. *Mother's Birthplace,*	Balto Md "
8. *Full Name of Father,*	John England
9. *Father's Occupation,*	Car driver
10. *Father's Birthplace,*	Balto Md "
Name of Medical Attendant, or other Person who makes this Return	M K Warner M D
Address,	Starke & Lawrence
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 5-15-51

GIVEN NAME ADDED 5-15-51

61534

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 10 1883

Name: William Lee Burke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (~~state whether~~ male ~~or female~~)
2. *Race or Color* (~~if not~~ of the white race)
3. *Date of Birth* 2, 9, 83
4. *Place of Birth (Street and Number)* 314½ Mulberry St
5. *Full Name of Mother* Almira Burke
6. *Mother's Maiden Name* " ~~Nordoff~~ Norwood
7. *Mother's Birthplace* Balto Co, Md.
8. *Full Name of Father* Wm T. Burke,
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 349 Lord

Remarks Forceps

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61535

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) feb the 9 19 83

1. *Sex, (state whether male or female)* this is the 7 child
2. *Race or Color, (if not of the white race)* Col. left
3. *Date of Birth,* Monday Millson
4. *Place of Birth, (Street and Number)* Monday young
5. *Full Name of Mother,* eyston short Md
6. *Mother's Maiden Name,* Henry Millson
7. *Mother's Birthplace,* Lab Bar
8. *Full Name of Father,* eyston short Md
9. *Father's Occupation,* Judge Dibbson
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. 7 W Chamber St

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, after the passage of this ordinance, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 9th 1883
4. *Place of Birth, (Street and Number)*	No. 213 Light st.
5. *Full Name of Mother,*	Caroline Black
6. *Mother's Maiden Name,*	Frick
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Louis Black
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace.*	Germany.
Name of Medical Attendant, or other Person who makes this Return	J. Schwarzer / midwife
Address,	330 Hanover st.
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 9. 1883
4. *Place of Birth, (Street and Number)*	Nro 346 W. Pratt St.
5. *Full Name of Mother,*	Eilsabeth Fangmüller
6. *Mother's Maiden Name,*	Ilder
7. *Mother's Birthplace,*	Cur Hessen
8. *Full Name of Father,*	Fried. Fangmüller
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Hessen Darmstadt.
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Vroh
Address,	Nro 328 S. Eutaw St.
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th. Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 9th 1883
4. *Place of Birth, (Street and Number)*	No. 382 West St.
5. *Full Name of Mother,*	Bertha Brown
6. *Mother's Maiden Name,*	" Matzger
7. *Mother's Birthplace,*	Schweitz
8. *Full Name of Father,*	Valentin Brown
9. *Father's Occupation,*	Cabinetmaker
10. *Father's Birthplace,*	Würtenberg
Name of Medical Attendant, or other Person who makes this Return	Mrs Maria Knox
Address,	No. 328 S Eutaw St.
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	1883 February 9
4. *Place of Birth, (Street and Number)*	Canon St 3 Korpbaston
5. *Full Name of Mother,*	Mary O Brien
6. *Mother's Maiden Name,*	Mary Murphy
7. *Mother's Birthplace,*	St John No B
8. *Full Name of Father,*	John O Brien
9. *Father's Occupation,*	free man
10. *Father's Birthplace.*	County Mayo Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park av
Remarks,	

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 The Febr. 1883
4. *Place of Birth, (Street and Number)*	No 24 Odonnel Str.
5. *Full Name of Mother,*	Louise Schleibaum
6. *Mother's Maiden Name,*	Buttgereit
7. *Mother's Birthplace,*	Prussia
8. *Full Name of Father,*	August Schleibaum
9. *Father's Occupation,*	Carpetern
10. *Father's Birthplace,*	Hannover
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park av
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

28

RETURN OF A BIRTH

61541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 7th 1883
4. *Place of Birth, (Street and Number)*	#35 Williamson St
5. *Full Name of Mother,*	Mary Wonderlin Saunders
6. *Mother's Maiden Name,*	Lewis
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Albert Wonderlin Saunders
9. *Father's Occupation,*	Candy Maker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Anna Hillegeist
Address,	# 182 E. Monument St
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 February
4. *Place of Birth, (Street and Number)* 48 Style street
5. *Full Name of Mother,* Annie Butler
6. *Mother's Maiden Name,* Cars
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mike Butler
9. *Father's Occupation,* Labourer
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61543

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"It shall be the duty of the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female
2. *Race or ~~Color~~ (if not of the white race)*	
3. *Date of Birth,*	9 February
4. *Place of Birth, (Street and Number)*	115 S. High street
5. *Full Name of Mother,*	Mary Larkins
6. *Mother's Maiden Name,*	Rotchfirth
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Larkins
9. *Father's Occupation,*	Picture Businessman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Casper
Address,	72. E. Lombard street
Remarks,	

DARBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/5/14

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febry 9th 1883.
4. *Place of Birth, (Street and Number)* 160 Cross St.
5. *Full Name of Mother,* Margaret Lowry
6. *Mother's Maiden Name,* Margaret Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Lowry
9. *Father's Occupation,* Porter in Flour Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss Conway

Address. 431 Patry Ave

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* with
3. *Date of Birth,* February 9/83
4. *Place of Birth, (Street and Number)* 743 West Lombard St
5. *Full Name of Mother,* Mrs Caroline Ada Handorffer
6. *Mother's Maiden Name,* Miss Caroline Aederhacke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Handorffer
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return Anne Lindner

Address, 475 S. Monroe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61546

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 9th 83
4. *Place of Birth, (Street and Number)*	Maternity Hospl.
5. *Full Name of Mother,*	Laura Crosby
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Calvert Co. Md.
8. *Full Name of Father,*	Not known
9. *Father's Occupation,*	" "
10. *Father's Birthplace*	" "
Name of Medical Attendant, or other Person who makes this Return	Geo Thomas MD
Address,	Maternity Hospl 161 W Lombard
Remarks,	~~Res Phy~~ Asst Res Phys M

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61547

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 16 february
4. *Place of Birth, (Street and Number)* cis cil st. 2
5. *Full Name of Mother,* Ann jones
6. *Mother's Maiden Name,* jones
7. *Mother's Birthplace,* baltimore
8. *Full Name of Father,* isaac jones
9. *Father's Occupation,* single
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, cross st

Remarks, 368

[illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second -
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 10th 1883
4. Place of Birth (Street and Number)	62 Dolphin st
5. Full Name of Mother	Mrs Wm E. Hughes
6. Mother's Maiden Name	Emma Clements
7. Mother's Birthplace	England
8. Full Name of Father	Wm E. Hughes
9. Father's Occupation	Horse-man
10. Father's Birthplace	Howard Co Md -
Name of Medical Attendant, or other Person who makes this Return.	C. F. Bevan M.D.
Address	Linden Ave & Laurvale st -
Remarks	

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

b1549

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 10th 1883

4. Place of Birth, (Street and Number) N. E. cor. Eager & Wolf St.

5. Full Name of Mother, Annie O'Donnell

6. Mother's Maiden Name, Annie Devlin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. O'Donnell

9. Father's Occupation, Carpenter

10. Father's Birthplace, Harford County

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S.E. cor. Central av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61550

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Number 7. —
1. *Sex, (state whether male or female)*	Female —
2. *Race or Color, (if not of the white race)*	White. —
3. *Date of Birth,*	February 10th 1883 —
4. *Place of Birth, (Street and Number)*	No 26 N Ann St Balto. —
5. *Full Name of Mother,*	Virginia Colbert Wellener. —
6. *Mother's Maiden Name,*	Virginia Colbert. —
7. *Mother's Birthplace,*	Somerset County Md. —
8. *Full Name of Father,*	Jno Thomas Wellener.
9. *Father's Occupation,*	Ship Builder
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	G. G. Rusk M. D.
Address,	Balt. & Washington Sts
Remarks,	Natural

"Your any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61551

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth,

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb. 10th 1883

4. *Place of Birth, (Street and Number)* S. W. Cor. Baltimore & Stone Sts

5. *Full Name of Mother,* Susie Mary McComas

6. *Mother's Maiden Name,* Susie Mary Pierson

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* David Street McComas

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Hartford Co. Md.

Name of Medical Attendant, or other Person who makes this Return Dr. C. C. Rusk M.D.

Address, N. E. Cor. Baltimore & Washington Sts

Remarks, Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

61552

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 10th 1883
4. *Place of Birth, (Street and Number)*	#29 Willow Street
5. *Full Name of Mother,*	Catherine McGinnity
6. *Mother's Maiden Name,*	Schellenberger
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry McGinnity
9. *Father's Occupation,*	Baltimore Md Clerk
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mrs Dennis Hillegeist
Address,	#182 E Monument St
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...NY & CO., CITY PRINTERS AND STATIONERS

61553

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

FEB 17 1

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 childe

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colour
3. *Date of Birth,* 10 of februware
4. *Place of Birth, (Street and Number)* 49 mugunder alley
5. *Full Name of Mother,* Annnie Gray
6. *Mother's Maiden Name,* Annnie Rosle
7. *Mother's Birthplace,* Town Gray
8. *Full Name of Father,* Baltimore
9. *Father's Occupation,* Hardcore
10. *Father's Birthplace,* Colvert Country

Name of Medical Attendant, or other Person who makes this Return Mull Gross

Address, No. 12 Plumalley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61554

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 10 1883
4. *Place of Birth, (Street and Number)* No 97 Cross St
5. *Full Name of Mother* Julia McAdams
6. *Mother's Maiden Name* Julia Welch
7. *Mother's Birthplace* England
8. *Full Name of Father* James McAdams
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Flannery

Address No 18 Byrne st

Remarks

RETURN OF A BIRTH

61555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Feby. 10 / 83
4. *Place of Birth, (Street and Number)* S. E. Cor. Gough and Bethel
5. *Full Name of Mother,* Catherine Schwartz
6. *Mother's Maiden Name,* " Ruller
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* John P. Schwartz
9. *Father's Occupation,* Restaurant - Depot
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return J. L. Wilkins

Address, Jos. T. Brady

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Male
3. *Date of Birth,* Feb 10th 1883
4. *Place of Birth, (Street and Number)* No 11 Walker St
5. *Full Name of Mother,* Lizzie Malkus
6. *Mother's Maiden Name,* Kleilein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst Malkus
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No 55 S Bond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB. 6 1883

"That any physician, accoucheur, midwife, or other person **in charge**, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, **shall report** to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, **sex**, and color of the child or children born, its or their physical condition, whether still-born or not, [illegible] name, nativity, and residence of the parents, and the maiden name of the mother of such children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	10 February 1883
4. *Place of Birth*, (*Street and Number*)	No 532 South Charles St
5. *Full Name of Mother*,	Linne North
6. *Mother's Maiden Name*,	Linne Austin
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Frank North
9. *Father's Occupation*,	Labor
10. *Father's Birthplace*,	Balt
Name of Medical Attendant, or other Person who makes this Return	Sabina E Mitchell
Address,	No 128 W Pratt
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	February 10th 1883
4. *Place of Birth, (Street and Number)*	No 302 S Eutaw St.
5. *Full Name of Mother,*	Juliane Leimbach
6. *Mother's Maiden Name,*	Juliane Spengler
7. *Mother's Birthplace,*	Hessen Darmstadt.
8. *Full Name of Father,*	Theodor Leimbach
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace.*	Cur Hessen
Name of Medical Attendant, or other Person who makes this Return	Mrs Maria Vroh
Address,	No 328 S. Eutaw St.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* February the 10 eth
4. *Place of Birth, (Street and Number)* sharp st cort No 10
5. *Full Name of Mother,* lisey taylor
6. *Mother's Maiden Name,* lisey sohn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ornal taylor
9. *Father's Occupation,* oyster cucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marrier pstlor

Address, 224 leninhall st

Remarks, none

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 10d 1883
4. *Place of Birth, (Street and Number)*	No 8 Hull St
5. *Full Name of Mother,*	Mary A. Evans
6. *Mother's Maiden Name,*	Mary A. Rogerson
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Morgan Evans
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Wales
Name of Medical Attendant, or other Person who makes this Return	J. B. Noble, M.D.
Address,	50 Warren av
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Saturday, Feb 18th 83.
4. *Place of Birth, (Street and Number)*	57 E Madison St.
5. *Full Name of Mother*	Laura McCormick
6. *Mother's Maiden Name,*	Laura Puffenberger
7. *Mother's Birthplace,*	York Pa.
8. *Full Name of Father,*	Washington McCormick
9. *Father's Occupation,*	Y & P R R Employee
10. *Father's Birthplace,*	York Pa.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton MD
Address,	29 E Greenmount Ave
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61562

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 11 February
4. *Place of Birth, (Street and Number)* Winter St 8
5. *Full Name of Mother,* francis pitts
6. *Mother's Maiden Name,* Janis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward pitts
9. *Father's Occupation,* oyster shucker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross St

Remarks, 36

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6156 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* February. 11. 1883
4. *Place of Birth (Street and Number)* 619 Hanover St
5. *Full Name of Mother* Josephine. Mc Garry
6. *Mother's Maiden Name* Josephine Norbridge
7. *Mother's Birthplace* Tarrytown. N. Y.
8. *Full Name of Father* John. Mc Garry
9. *Father's Occupation* Horse-Shoer
10. *Father's Birthplace* Troy. N. Y.

Name of Medical Attendant, or other Person who makes this Return. Mary. K. Carey

Address 134. Hamburg St

Remarks Doing Well

RETURN OF A BIRTH.

61564

15

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. *Sex* (state whether ~~Male~~ or Female)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Sunday Morning Feb 11th 1883
4. *Place of Birth* (Street and Number)	10 Bimnie St
5. *Full Name of Mother*	Cathrine Watters
6. *Mother's Maiden Name*	Cathrine Russel
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Steaphen Watters
9. *Father's Occupation*	Puddler Iron worker
10. *Father's Birthplace*	Md Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J E Prichard M D
Address	28 O Donnell St
Remarks	The father and six Children are down with Small Pox.

FEB 12 1883

Red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61565

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 11th 1893
4. *Place of Birth, (Street and Number)*	103 Dallas St
5. *Full Name of Mother.*	Ida Johnson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace.*	
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	5. Garrett St
Remarks,	

O'DONNELL & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	Colored
3. *Date of Birth*,	Feb 11th 1883
4. *Place of Birth*, (*Street and Number*)	63 Douglass St
5. *Full Name of Mother*	Susan Casey
6. *Mother's Maiden Name*,	
7. *Mother's Birthplace*,	Balto Md
8. *Full Name of Father*,	
9. *Father's Occupation*,	
10. *Father's Birthplace*,	
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	
Remarks,	

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* February the 11. 1883
4. *Place of Birth, (Street and Number)* 132 S. Caroline Street
5. *Full Name of Mother,* Katharine Grenzer
6. *Mother's Maiden Name,* Katharine Wissner
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Bernhard Grenzer
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 136 Caroline St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61564

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

1. *Sex, (state whether male or female)* ~~african~~ Boy
2. *Race or Color, (if not of the white race)* african
3. *Date of Birth,* 11 Feby 83
4. *Place of Birth, (Street and Number)* No 4 Penny Alley
5. *Full Name of Mother,* Mary Walker
6. *Mother's Maiden Name,* Mary Norfolk
7. *Mother's Birthplace,* Prince Georges Co Md
8. *Full Name of Father,* John Walker
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Carolin County Va

Name of Medical Attendant, or other Person who makes this Return. Ann Cornish

Address, 34 Boyd St

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 6

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 11 Feb.
4. *Place of Birth,* (*Street and Number*) 29 Washington St.
5. *Full Name of Mother,* Mary Ruppel
6. *Mother's Maiden Name,* Kraus
7. *Mother's Birthplace,* Baaden
8. *Full Name of Father,* Leopold Ruppel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Kurhessen

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Albig

Address, 48 Hanover St

Remarks, Balt.

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd Child
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	white
3. *Date of Birth*,	Feby 11/83
4. *Place of Birth*, (*Street and Number*)	24 Absalom st
5. *Full Name of Mother*,	Minnie Stewart
6. *Mother's Maiden Name*,	" West
7. *Mother's Birthplace*,	Balto City
8. *Full Name of Father*,	John T. B. Stewart
9. *Father's Occupation*,	Grainer & Painter
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	R. C. Mansfield M.D.
Address,	117 S. Broadway
Remarks,	

FEB 17 1883

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Sunday 11
2. *Race or Color, (if not of the white race)* mail
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 54 moris Aley
5. *Full Name of Mother,* Mary M. Simes
6. *Mother's Maiden Name,* m Stevenart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richet Sems
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* washington

Name of Medical Attendant, or other Person who makes this Return Mary Stehem

Address, 1 fen Aley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

61572

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored.
3. *Date of Birth* February 11th 1883
4. *Place of Birth (Street and Number)* 30 Short St
5. *Full Name of Mother* Ellen Stanley
6. *Mother's Maiden Name* Fowler
7. *Mother's Birthplace* Balto City Md.
8. *Full Name of Father* Josiah Stanley
9. *Father's Occupation* Layman
10. *Father's Birthplace* Balto City Md.

Name of Medical Attendant, or other Person who makes this Return. Francis S. Sauer Mid.

Address 105 N. Central Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Femal

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Feburary the 11

4. Place of Birth, (Street and Number) 294 Eutaw st

5. Full Name of Mother Ellen greesn

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto unknown

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return Sarah Brown

Address, Eutaw St 292

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1874

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 11
4. *Place of Birth, (Street and Number)* No 422 Light street
5. *Full Name of Mother* Mary Case
6. *Mother's Maiden Name,* Mary Boyer
7. *Mother's Birthplace,* Frederic Co. md
8. *Full Name of Father,* William Case
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Howard Co md

Name of Medical Attendant, or other Person who makes this Return E Hinton

Address, No. 634 S charles street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th of February 1883
4. *Place of Birth, (Street and Number)* Burke s t near Mc Elderry st. Baltimore
5. *Full Name of Mother,* Margareth ~~Ruth~~ Ruth
6. *Mother's Maiden Name,* Margareth Richter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Adam Ruth
9. *Father's Occupation,* Canmaker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glasscoe.

Address, Mc Elderry st Extended

Remarks, In good health

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday 11th Feby 1883 – 10 oclk A.M.
4. *Place of Birth, (Street and Number)* No 3 Kirby's Lane
5. *Full Name of Mother,* Catherina Sembreath Meier
6. *Mother's Maiden Name,* Catherina Sembreath
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Meier
9. *Father's Occupation,* Night-watchman B & O R R
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — Wm Jackson Evans

Address, 1149 N. Fulton Ave

Remarks, Twin, healthy child — Twins, dry Labor

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Tenth (10)
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Febr. 11th - 1883
4. *Place of Birth*, (*Street and Number*)	No 11. Cemetary Lane
5. *Full Name of Mother*,	Salie Zuchlag
6. *Mother's Maiden Name*,	
7. *Mother's Birthplace*,	Bavarian Germany
8. *Full Name of Father*,	Anton Zuchlag
9. *Father's Occupation*,	Butcher
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other Person who makes this Return	Josephina Rondrad
Address,	No 20. Barnes Str
Remarks,	

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Third
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	Feb. 11th 1883
4. *Place of Birth*, (*Street and Number*)	125 Mosher
5. *Full Name of Mother*	Cate Hutchins
6. *Mother's Maiden Name*,	Fredericks
7. *Mother's Birthplace*,	Balto. City
8. *Full Name of Father*,	Frank Hutchins
9. *Father's Occupation*,	Bricklayer
10. *Father's Birthplace*,	Balto. City
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	431 Penna. Ave.
Remarks,	

FEB 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61579

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feby. 11, 1883
4. *Place of Birth, (Street and Number)*	393 E. Madison Street
5. *Full Name of Mother,*	Mary F. Gussage
6. *Mother's Maiden Name,*	" " Straughn
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Harry G. Gussage
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Dr. St. Thomas M.D.
Address,	66 E. Baltimore St
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61580

CERTIFICATE CORRECTED 4-8-29

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Annie M. Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the (~~11~~) 9 1883
4. *Place of Birth, (Street and Number)* Holland St. No 5
5. *Full Name of Mother,* Barbara Meyer
6. *Mother's Maiden Name,* Barbara Hildwein
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* John Meyer
9. *Father's Occupation,* Cigarren maker
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

Pour any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

61581

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 11th — 1883
4. *Place of Birth, (Street and Number)* 185 Columbia Ave
5. *Full Name of Mother,* Sophie C Dehn
6. *Mother's Maiden Name,* " " Gower
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Dehn
9. *Father's Occupation,* Coal Oil Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. per L.B.

Address, 146 Hanover st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 11. 83.
4. Place of Birth, (Street and Number) S. Annst. No. 292
5. Full Name of Mother, Katharine Kuhn
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Balt.
8. Full Name of Father, Heinrich Kuhn
9. Father's Occupation, Seemann
10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return Wm. F. Raubach

Address, S. Wolfstr. No. 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61583

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 11. 83
4. *Place of Birth, (Street and Number)* A. Washington str. No. 99
5. *Full Name of Mother,* Katharina Spahn
6. *Mother's Maiden Name,* Mery
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Spahn
9. *Father's Occupation,* Karpenter
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. F. Bernbach

Address, S. Wolf str. No. 14

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White " "
3. *Date of Birth,*	Sunday Feb 11th 83
4. *Place of Birth, (Street and Number)*	101 Ensor St.
5. *Full Name of Mother,*	Maggie Eggleston
6. *Mother's Maiden Name,*	Maggie Boland
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wallace Eggleston
9. *Father's Occupation,*	Plaster
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton MD,
Address,	26½ Greenmount ave.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 12 February 200
4. *Place of Birth, (Street and Number)* Warm Burg St 200
5. *Full Name of Mother,* georgeanna weeks
6. *Mother's Maiden Name,* boings
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Cathen weeks
9. *Father's Occupation,* Salor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, cross St 368

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61546

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB. 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 12th 1883
4. *Place of Birth, (Street and Number)* 46. N. Neigh Av.
5. *Full Name of Mother* Mary E. Astwood,
6. *Mother's Maiden Name* " " Dennis
7. *Mother's Birthplace* ~~Baltimore~~ Bermuda, W. In.
8. *Full Name of Father* W. B. Astwood
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Bermuda, W. In

Name of Medical Attendant, or other Person who makes this Return. John Morris MD.

Address 5 Franklin Av.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) First

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Feb 12th
4. *Place of Birth*, (*Street and Number*) 220 Lee St Baltimore
5. *Full Name of Mother*, Dora Kerr
6. *Mother's Maiden Name*, Dora Dick
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, George C Kerr
9. *Father's Occupation*, Pat Maker
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Minch

Address, 1 Lawrence St

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 12th.
4. *Place of Birth, (Street and Number)* No. 221 South Paca St.
5. *Full Name of Mother,* Elizabeth Dixon
6. *Mother's Maiden Name,* Crew
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Samuel T. Dixon.
9. *Father's Occupation,* Switch-man B.T.O.R.R.
10. *Father's Birthplace,* Frederick Md.

Name of Medical Attendant, or other Person who makes this Return. [illegible] Alderdice, M.D.

Address, N.E. Cor. Columbia Ave. & P. ~~Fremont~~ St.

Remarks, Child in good physical condition, & living.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61589

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb. 12. 1883

4. *Place of Birth, (Street and Number)* 6 S. Bond St.

5. *Full Name of Mother,* Mary M. ~~Paget~~ Milligan

6. *Mother's Maiden Name,* " " Paget

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Thomas J. Milligan

9. *Father's Occupation,* Oysterman

10. *Father's Birthplace,* Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return G. G. Lusk M. D.

Address, 372 E. Balt. St.

Remarks, Natural

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 12th 1883
4. *Place of Birth, (Street and Number)* #240 E. Madison St.
5. *Full Name of Mother,* Magdalena Dietzweg
6. *Mother's Maiden Name,* " Schlenfner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Dietzweg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61592

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if ~~not of the~~ white race)* White
3. *Date of Birth,* Feb 12 1883
4. *Place of Birth, (Street and Number)* 333 Canton Ave
5. *Full Name of Mother,* Kate Miller
6. *Mother's Maiden Name,* " Eileman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, No. 55 S. Bond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61592

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 15 1893

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 4th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* Feb 12th
4. *Place of Birth,* (*Street and Number*) No number Between Lud & Chas Randall street
5. *Full Name of Mother,* Eliza J Keith
6. *Mother's Maiden Name,* Eliza J Hinton
7. *Mother's Birthplace,* Balt Co. md
8. *Full Name of Father,* Oliver Keith
9. *Father's Occupation,* Freight Car on B. & O. R.R.
10. *Father's Birthplace,* Ellicotts city md

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 634 S. Charles Street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

GRANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one, first
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	february 12. 1883.
4. *Place of Birth, (Street and Number)*	Baltimore no 116. Druid Hill
5. *Full Name of Mother,*	Francis Milburn
6. *Mother's Maiden Name,*	Francis Haskins
7. *Mother's Birthplace,*	Easton shore Talbot county
8. *Full Name of Father,*	George Milburn
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sallie pennington
Address,	94 Jasper st Baltimore
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61594

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 9.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 12 of Sep
4. *Place of Birth, (Street and Number)* No. 122, Sommerset St,
5. *Full Name of Mother,* Mary Henge
6. *Mother's Maiden Name,* Mary Stark
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Stark
9. *Father's Occupation,* Cap net maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Cristine Lauer

Remarks, 173 Harfert ave. 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 4th, 1883
4. *Place of Birth, (Street and Number)* Orleans St. No 201.
5. *Full Name of Mother,* Christine Fulda
6. *Mother's Maiden Name,* Christine Fetsch
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Karl A. Fulda
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 12. 1883
4. *Place of Birth, (Street and Number)* N. Dallas St. No. 48.
5. *Full Name of Mother,* Katharine Hennick
6. *Mother's Maiden Name,* Katharine Kufler
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* James Hennick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No. 26.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/1897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex, (state whether male or female)*	Male child
2. *Race or Color, (if not of the white race)*	White child
3. *Date of Birth,*	February the 12th
4. *Place of Birth, (Street and Number)*	Monroe st 224
5. *Full Name of Mother,*	Sarah Sanks
6. *Mother's Maiden Name,*	Sarah Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Sanks
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Marion Potter
Address,	Redwall st 224
Remarks,	none

RETURN OF A BIRTH. 61598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 12th 1883
4. Place of Birth (Street and Number)	90 Myrtle Ave.
5. Full Name of Mother	Mary Friend
6. Mother's Maiden Name	Mary Kerner
7. Mother's Birthplace	Balto City
8. Full Name of Father	Alfred Friend
9. Father's Occupation	Stationer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Miles M. D.
Address	237 W. Fayette St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee: Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 61599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th Feb 1883
4. *Place of Birth, (Street and Number)* Balto Lancaster St N. 248
5. *Full Name of Mother,* Anna Burian
6. *Mother's Maiden Name,* A Simon
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Geo. Simon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roptish

Address, 69 N Washington St

Remarks, Mr. Roptish

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DURANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61600

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th Feb 1883
4. *Place of Birth, (Street and Number)* Balto Lancaster St No 25
5. *Full Name of Mother,* Francy Taubel
6. *Mother's Maiden Name,* Francy Mash
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Taubele
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roptish

Address, 64 N. Washington St

Remarks,

Mary Roptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Feb 1883
4. *Place of Birth, (Street and Number)* Balto Belair Road
5. *Full Name of Mother,* Mary Novak
6. *Mother's Maiden Name,* Mary From
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Novak
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N Washington St

Remarks, Mary Koptish

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

f/602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10. White. Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 12 the 1883.
4. Place of Birth, (Street and Number) Highlandtown
5. Full Name of Mother, M.. Markiewicz
6. Mother's Maiden Name, M. Kirby.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ed. Markiewicz.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs E. Fray

Remarks, No 193 Chester St.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61603

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* White - male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February - 19 - 1883
4. *Place of Birth, (Street and Number)* 344 - eastern avenue
5. *Full Name of Mother,* ~~Liggie Craft~~ Liggie Stoney
6. *Mother's Maiden Name,* Liggie Craft
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Stoney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E. Gray

Address, 193 S Chester St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/1804

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 12 - 1883
4. *Place of Birth, (Street and Number)* 149 E. Pratt St.
5. *Full Name of Mother,* Anni John Zink
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob John
9. *Father's Occupation,* Store-Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E Pratt St.

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 12. 83
4. *Place of Birth, (Street and Number)* S. Mutting Alley 10
5. *Full Name of Mother,* Barbara Will
6. *Mother's Maiden Name,* Philip
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Petrus Will
9. *Father's Occupation,* Brummaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. F. Baubach

Address, S. Wolfstr. No. 14

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/1606

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 12. 1883
4. *Place of Birth, (Street and Number)*	33 Frederick St.
5. *Full Name of Mother,*	Minnie Gunman
6. *Mother's Maiden Name,*	Minnie Ballauf,
7. *Mother's Birthplace,*	Dist. Columbia
8. *Full Name of Father,*	Samuel Gunman
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. W. Houck MD
Address,	75 E Balto St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 13th 1883.
4. *Place of Birth, (Street and Number)*	No. 282 Augusta St.
5. *Full Name of Mother,*	Elizabeth Lewis
6. *Mother's Maiden Name,*	Elizabeth M. Blake
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles W. Lewis
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Russell Baltimore
Name of Medical Attendant, or other Person who makes this Return	M. D. Butt
Address,	No. 185 S.E. cor. Central av. & Monument St.
Remarks,	All Well

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61608

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Febury 18
4. *Place of Birth, (Street and Number)*	125 Ledenhall st
5. *Full Name of Mother,*	caroline Hnoyita Rumpf
6. *Mother's Maiden Name,*	" " " Reinhardt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	charels constant Rumpf
9. *Father's Occupation,*	Factry on Portland st 12 & 14
10. *Father's Birthplace,*	Beadencopf germaney
Name of Medical Attendant, or other Person who makes this Return	Ratf Münch
Address,	1 Leadenhall st
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

26

RETURN OF A BIRTH.

61609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 13th 83
4. Place of Birth (Street and Number) 116 North St
5. Full Name of Mother Annie Dodderwitch
6. Mother's Maiden Name Annie Brown
7. Mother's Birthplace Butler County
8. Full Name of Father Martin Dodderwitch
9. Father's Occupation Printer
10. Father's Birthplace Butler City

Name of Medical Attendant, or other Person who makes this Return. E G Welch M.D.

Address 51 N Calvert St

Remarks

111

Reg. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6/16/10

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 2

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 13 Feb 1883
4. *Place of Birth,* (*Street and Number*) 22 Fulton Baltimore Md
5. *Full Name of Mother,* Annie Curley
6. *Mother's Maiden Name,* Annie Harvey
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* Dione Curley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Seebeck 434 w pratt st

Address,

Remarks,

DULANY & CO., CITY PRINTERS AND STATIONERS

29 # RETURN OF A BIRTH 61611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 17 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 13th
4. *Place of Birth, (Street and Number)* No 157 Lombard St.
5. *Full Name of Mother,* Elizabeth H Hain
6. *Mother's Maiden Name,* " Kronmüller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Hain
9. *Father's Occupation,* Dry good Store.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby St.

Remarks,

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6/612

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 13
4. Place of Birth (Street and Number)	Baltimore Wyeth st No 131
5. Full Name of Mother	Mary Carney
6. Mother's Maiden Name	Mary Higgie
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Carney
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mr. M. Shaffer
Address	114 Ridgely st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Relative to Vital Statistics in the City of Baltimore.

61613

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Baltimore February 13

4. Place of Birth (Street and Number) Baltimore Burgundy Abby No. 174

5. Full Name of Mother Annie Bentley

6. Mother's Maiden Name Annie Entrisel

7. Mother's Birthplace Philadelphia

8. Full Name of Father William Bentley

9. Father's Occupation Shoe Maker

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer

Address 117 Ridgley Street

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 13th/89
4. *Place of Birth, (Street and Number)*	No. 221 Saratoga
5. *Full Name of Mother,*	Emma Sheldon
6. *Mother's Maiden Name,*	" Burgt.
7. *Mother's Birthplace,*	West River Md.
8. *Full Name of Father,*	J. Edward Sheldon
9. *Father's Occupation,*	Fish dealer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	T. Chew Worthington M.D.
Address,	# 373 W. Fayette
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6/615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 13 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, feb 13 1883
4. Place of Birth, (Street and Number) No 182 vine st
5. Full Name of Mother, Caroline attwood
6. Mother's Maiden Name, " "
7. Mother's Birthplace, born in Salem North Carolina
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return Charlott warren

Address, No 258 Robey st

Remarks, none

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

b1616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Tenth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, born feb 13 1883

4. Place of Birth, (Street and Number) No 2 Norris Alley

5. Full Name of Mother, harret Pearse

6. Mother's Maiden Name, harret Druett

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Samuel Pearl

9. Father's Occupation, Watter

10. Father's Birthplace, William Sport M.D.

Name of Medical Attendant, or other Person who makes this Return Charlatt Warren

Address, No 258 Robory St

Remarks, none

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

t 1617

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 2.13.83.
4. *Place of Birth (Street and Number)* 176 Chesnut al
5. *Full Name of Mother* Mary C. Wiggan,
6. *Mother's Maiden Name* Debo
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Wm Wiggan
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. R. M. Cashman

Address 349 Forest

Remarks Natural

RETURN OF A BIRTH

61618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 13, of Feb
4. *Place of Birth, (Street and Number)* No 192, E, Eager, St
5. *Full Name of Mother,* Liese Wideranf
6. *Mother's Maiden Name,* Liese Baershmith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Baershmith
9. *Father's Occupation,* Kouter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Cristina Lauer

Remarks, 173, Harper ern 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

61619

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 14 1883

Alma Elizabeth Walter

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Femal
2. Race or Color (if not of the white race) White
3. Date of Birth Feby - 13th 1883
4. Place of Birth (Street and Number) 230 Harford Ave
5. Full Name of Mother Annie Lizzie Walter
6. Mother's Maiden Name " " Scutz
7. Mother's Birthplace Castle Germany
8. Full Name of Father George Walter
9. Father's Occupation Butcher
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. W. A. B. Sillman M. D.

Address Carrollton Ave & Lanvale St

Remarks

GIVEN NAME ADDED, 7-2-53.
L. M.

Perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH ~~772~~

To the Office of Registrar of Vital Statistics, Board of Health, 6/620

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 13th Feb 1883
4. *Place of Birth*, (*Street and Number*) Balto Durham st No 283
5. *Full Name of Mother*, Mary Ludwick
6. *Mother's Maiden Name*, Mary Kapralik
7. *Mother's Birthplace*, Bohemia
8. *Full Name of Father*, Franke Ludwick
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary O'Connish

Address, 69 N. Washington

Remarks,

Mary O'Connish

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1621

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 13, 1883
4. *Place of Birth, (Street and Number)*	7 Trinity St.
5. *Full Name of Mother,*	Eliz. Curran
6. *Mother's Maiden Name,*	Eliz. Williamson.
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father.*	Joseph Curran
9. *Father's Occupation,*	Milk Dealer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. W. Houck MD
Address,	75 E. Balt. St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd ~~2nd~~ Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Tuesday Morning Feb 13th 83
4. *Place of Birth, (Street and Number)*	56 N. Wolf St.
5. *Full Name of Mother,*	Laura Deal
6. *Mother's Maiden Name,*	Laura Burk
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	George Deal
9. *Father's Occupation,*	Dealer in Wood
10. *Father's Birthplace,*	Balto. md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Benton M.D.
Address,	20 ½ Fremont ave.
Remarks,	

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Saturday Feb 18th 1883
4. *Place of Birth, (Street and Number)*	193 Greenmount ave,
5. *Full Name of Mother,*	Dora Connally.
6. *Mother's Maiden Name,*	Dora Guy.
7. *Mother's Birthplace,*	Virginia.
8. *Full Name of Father,*	~~Rachel~~ Michael Connally,
9. *Father's Occupation,*	Teamster.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton MD
Address,	20 1/2 Greenmount ave.
Remarks,	V. P.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61624

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 14th 1883
4. *Place of Birth, (Street and Number)* 93 S. Eden St
5. *Full Name of Mother,* Mary Gruyter
6. *Mother's Maiden Name,* Mary Colover
7. *Mother's Birthplace,* Back
8. *Full Name of Father,* Jno B. Gruyter
9. *Father's Occupation,* Farmer
10. *Father's Birthplace.* St Mary's Co Md

Name of Medical Attendant, or other Person who makes this Return Dr. [illegible]

Address, 121 W Lemmon St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Feb 14th 1883
4. *Place of Birth (Street and Number)* 160 Pennsylvania Ave
5. *Full Name of Mother* Mary E. Loane
6. *Mother's Maiden Name* Mary E Crawford
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Augustus M. Loane
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Guy

Address 13 Holland st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 14 1883
4. *Place of Birth, (Street and Number)* 65 South High St
5. *Full Name of Mother,* Annie Mary Brown
6. *Mother's Maiden Name,* Stiegewald
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Lee Brown
9. *Father's Occupation,* Salesman
10. *Father's Birthplace.* Virginia

Name of Medical Attendant, or other Person who makes this Return W H Diffenderffer M D

Address, High St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 14 1883
4. Place of Birth, (Street and Number) 498 Fremont St
5. Full Name of Mother, Mary Thornton
6. Mother's Maiden Name, Mary Knopp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Thornton
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A Meseneck

Address, [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 14th 1883
4. *Place of Birth, (Street and Number)*	South Paca St. extended
5. *Full Name of Mother,*	Maria Taylor
6. *Mother's Maiden Name,*	Latham
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Augustus Taylor
9. *Father's Occupation,*	Brickmaker
10. *Father's Birthplace,*	Annapolis Md.
Name of Medical Attendant, or other Person who makes this Return	
Address,	Louis Berger
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

67629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	female 1.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	feb 14 1883.
4. *Place of Birth, (Street and Number)*	Baltimore Druid Hill ave 16
5. *Full Name of Mother,*	Emma Bond
6. *Mother's Maiden Name,*	Somerset County md
7. *Mother's Birthplace,*	William Keys
8. *Full Name of Father,*	Laboring
9. *Father's Occupation,*	Harford county
10. *Father's Birthplace,*	Sallie Jennings
Name of Medical Attendant, or other Person who makes this Return.	94 Jarvis St
Address,	Baltimore
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 67630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14 1883
4. *Place of Birth, (Street and Number)* Baker Street
5. *Full Name of Mother,* Mary Wile
6. *Mother's Maiden Name,* Mary Grace
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry White
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Germna

Name of Medical Attendant, or other Person who makes this Return Maggie Ethel

Address, No 13 Eutaw St

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

6631

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 14
4. Place of Birth (Street and Number)	Baltimore Cross st No 474
5. Full Name of Mother	Ida Bomas
6. Mother's Maiden Name	Ida Walls
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Paul Bomas
9. Father's Occupation	Ray dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Me. Shaffer
Address	114 Ridgley st
Remarks	

FEB 17 1883

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 14th 4 10 A.M. 1883
4. *Place of Birth (Street and Number)* 239 S Wolf St.
5. *Full Name of Mother* Georgianna D Degenfritz
6. *Mother's Maiden Name* E. D. Nicholson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* J. Van Buren Degenfritz
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Dominelle M.D.

Address 299 E Baltimore Street

Remarks

RETURN OF A BIRTH 6633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14 1882
4. *Place of Birth, (Street and Number)* No 36 Heath Street
5. *Full Name of Mother,* Ida Cleary
6. *Mother's Maiden Name,* Ida Storns
7. *Mother's Birthplace,* Carroll Co md
8. *Full Name of Father,* John D Cleary
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Attica Greece

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 634 South Charles Street

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Eighth (8)th.

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* February 14. 1883.
4. *Place of Birth,* (Street and Number) No 244 E. Biddle st.
5. *Full Name of Mother,* Catherine T. Cowman.
6. *Mother's Maiden Name,* Catt. T. Gross.
7. *Mother's Birthplace,* Baltimore City,
8. *Full Name of Father,* John M.D Cowman.
9. *Father's Occupation,* Physician.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Dr Jno. M. Cowman.

Address, No 244 E. Biddle st.

Remarks,

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th Dec 1893
4. Place of Birth, (Street and Number) Balto Bond st No 245
5. Full Name of Mother, Mary Rusicka
6. Mother's Maiden Name, Mary Kopecka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Franke Rusicka
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsch

Address, 69 N. Washington st

Remarks, Mary Kopitsch

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61636

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Feb 1887
4. *Place of Birth, (Street and Number)* Baltic Alley N No 36
5. *Full Name of Mother,* Mary Lipa
6. *Mother's Maiden Name,* Mary Svonars
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Lipa
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsh

Address, 69 N. Washington St

Remarks, Mary Kopitsh

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 11637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 14th 1883

4. *Place of Birth, (Street and Number)* 154 Johnson Av

5. *Full Name of Mother,* Jennie Martin

6. *Mother's Maiden Name,* Jennie Wade

7. *Mother's Birthplace,* Boland

8. *Full Name of Father,* Owen Martin

9. *Father's Occupation,* Hack Man

10. *Father's Birthplace,* Boland

Name of Medical Attendant, or other Person who makes this Return — H. B. Noble, M.D.

Address, 50 Warren Av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 6 1883

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) Our Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Feb 1st 1883
4. *Place of Birth,* (*Street and Number*) 245 Orleans
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie Bailey
7. *Mother's Birthplace,* Easton shore Dorchester Co
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Lucinder Woolford

Address, 130 North Regester st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 14, 83.
4. *Place of Birth, (Street and Number)* South Annstr No 271
5. *Full Name of Mother,* Susanna Lepper
6. *Mother's Maiden Name,* Dannemann
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wilhelm Lepper
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. F. Raubach

Address, S. Wolfstr No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 6

1. *Sex*, (*state whether male or female*) male

2. *Race or Color*, (*if not of the white race*) Color

3. *Date of Birth*, 15 February

4. *Place of Birth*, (*Street and Number*) Linden Hall St 198

5. *Full Name of Mother*, Frances Washington

6. *Mother's Maiden Name*, Jones

7. *Mother's Birthplace*, Delaware

8. *Full Name of Father*, George Washington

9. *Father's Occupation*, Single

10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other Person who makes this Return A Walton

Address, [redacted]

Remarks, 368

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 61641

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	February 15th 1883
4. *Place of Birth, (Street and Number)*	7 Clinton Ave.
5. *Full Name of Mother*	Estella Lammen
6. *Mother's Maiden Name*	Woods
7. *Mother's Birthplace*	Baltimore, Md.
8. *Full Name of Father*	Wm. H. Lammen
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M. D.
Address	112 N Greene St
Remarks	

RETURN OF A BIRTH

61642

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 15/93
4. *Place of Birth, (Street and Number)*	106 S Caroline St
5. *Full Name of Mother,*	Emma Weis
6. *Mother's Maiden Name,*	Grun
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	John Weis
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other Person who makes this Return	Mrs Emma Kraft
Address,	236 Eutaw ave
Remarks,	

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

b1643

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 15 1883
4. *Place of Birth, (Street and Number)*	245 Canton Ave
5. *Full Name of Mother,*	Bertha Boettger
6. *Mother's Maiden Name,*	Beyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Otto Boettger
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Krapf
Address,	236 Canton Ave
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	15th of February.
4. *Place of Birth, (Street and Number)*	196 S. Sharp Street
5. *Full Name of Mother,*	Anna Friedericke Bruberger
6. *Mother's Maiden Name,*	Anna Friedericke Grages.
7. *Mother's Birthplace,*	Bremen (germany)
8. *Full Name of Father,*	Ulrich Herrmann Bruberger.
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Breslau (germany)
Name of Medical Attendant, or other Person who makes this Return	Dr. W. Gombel and Mrs. Münch
Address,	Leadenhall St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61645

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 15th 1843
4. *Place of Birth, (Street and Number)* 2d N. Calhoun St
5. *Full Name of Mother,* Emma D Maynard
6. *Mother's Maiden Name,* Emma D Pope
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* A. Maynard
9. *Father's Occupation,* Marshal
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 121 W. [illegible]

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61646

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th February
4. *Place of Birth, (Street and Number)*	No 17 Dover St
5. *Full Name of Mother,*	Minnie Berger
6. *Mother's Maiden Name,*	" Routh
7. *Mother's Birthplace,*	Balto County
8. *Full Name of Father,*	John Berger
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	L C Burch M D
Address,	15 W Hanover St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 15 th 1883
4. *Place of Birth, (Street and Number)*	Emma Seible
5. *Full Name of Mother,*	Kesler
6. *Mother's Maiden Name,*	America
7. *Mother's Birthplace,*	George Seible
8. *Full Name of Father,*	No 4 Hall st.
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return	J. Lehnasser midwife
Address,	330 Hanover st.
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61648

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* the 15 of Feb
4. *Place of Birth, (Street and Number)* No 16 Stiel St
5. *Full Name of Mother,* Gieng. Finen. Finerty
6. *Mother's Maiden Name,* Gieng Lanck
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Geime ~~Lanck~~ Langan
9. *Father's Occupation,* Driefer
10. *Father's Birthplace,* Baltemore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Cristina Lauer

Remarks, 173 Harfer eve

1583

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61649

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 15th 1883
4. *Place of Birth, (Street and Number)* Baltimore 147 Bank Street
5. *Full Name of Mother,* Louisa Sophia Wallace
6. *Mother's Maiden Name,* " " Bowling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George A Wallace
9. *Father's Occupation,* Can Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah K Knowles

Address, 136 South Caroline Street

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of Feby. 1883
4. *Place of Birth, (Street and Number)* 75 Frederick Ave
5. *Full Name of Mother,* Emilia Hielke
6. *Mother's Maiden Name,* E. Schalk
7. *Mother's Birthplace,* Prussia Germany
8. *Full Name of Father,* William A. Hielke
9. *Father's Occupation,* Worker
10. *Father's Birthplace,* Prussia Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiller

Address, 1017 W. Pratt St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, February 15th 1883
4. Place of Birth, (Street and Number) 24 Centre Market Space
5. Full Name of Mother, Elisabetha Babetta Lamberti
6. Mother's Maiden Name, Elisabetha Babetta Crone
7. Mother's Birthplace, City of Baltimore
8. Full Name of Father, Chas. Wm. Lamberti
9. Father's Occupation,
10. Father's Birthplace. Bremerhaven, Germany

Name of Medical Attendant, or other Person who makes this Return Louis Van Duyk Gaberson

Address, No 28 N. Irvington

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61652

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feby 15 — 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Feby 15th
4. *Place of Birth*, (*Street and Number*) 164 Eutaw Street
5. *Full Name of Mother*, Ida Smead
6. *Mother's Maiden Name*, Ida Cornelius
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, James Smead
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, Bath - NY

Name of Medical Attendant, or other Person who makes this Return D. V. Mozer M.D.

Address, 170 Augusta St.

Remarks, City -

FEB 26 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

6 1653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 15
4. *Place of Birth, (Street and Number)* Gough 517
5. *Full Name of Mother,* Mary Brice
6. *Mother's Maiden Name,* Mary Bryan
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* James Brice
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return J S Warner

Address, 510 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61654

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 15
4. *Place of Birth, (Street and Number)* Bank
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Johnson
9. *Father's Occupation,* days Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 516 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DELANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FEB 29 1883

No. of Child of Mother, (*state whether ~~1st~~, 2d, ~~3d~~, &c.*) .....

1. *Sex,* (*state whether male or female*) Girl
2. *Race or Color,* (*if not of the white race*) africun
3. *Date of Birth,* 15th Feb 83
4. *Place of Birth,* (*Street and Number*) 7 Booth St
5. *Full Name of Mother,* Hannah Cook
6. *Mother's Maiden Name,* Hannah Allen
7. *Mother's Birthplace,* Howard County Md
8. *Full Name of Father,* Stephen Cook
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Ann Hannah

Address, 34 Boyd St

Remarks, ...

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6/656

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5d.
1. *Sex (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White race.
3. *Date of Birth*	Feb. 15th 1883.
4. *Place of Birth, (Street and Number)*	658 Light st.
5. *Full Name of Mother*	Sarna. Sauty
6. *Mother's Maiden Name*	Wheatley
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	Louis. Sauty
9. *Father's Occupation*	Sailor. man.
10. *Father's Birthplace*	Balto. md.
Name of Medical Attendant, or other Person who makes this Return.	Annie. Geems.
Address	634. Light. st.
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15 1883
4. *Place of Birth, (Street and Number)* 17 W Forrest
5. *Full Name of Mother,* Mary C Voyer
6. *Mother's Maiden Name,* McCusker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Voyer
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Dr. Sheets Mfg

Address, 148 N Exch

Remarks, [illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 15
4. *Place of Birth, (Street and Number)* 348 S. Eutaw St.
5. *Full Name of Mother,* Mrs Lizzie Jeffries
6. *Mother's Maiden Name,* Mrs Lizzie Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Jeffries
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other Person who makes this Return Mrs Schleifer

Address, 20 Columbia Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 February, 1883
4. *Place of Birth, (Street and Number)* 34 Mullikin St
5. *Full Name of Mother,* Dora Bauries
6. *Mother's Maiden Name,* " Keller
7. *Mother's Birthplace,* Wittemberg
8. *Full Name of Father,* David Bauries
9. *Father's Occupation,* Bayren
10. *Father's Birthplace,* Beer Saloon

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allig

Address, 48 Holland St

Remarks,

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 15 1883
4. *Place of Birth, (Street and Number)*	Hubert
5. *Full Name of Mother,*	Lena Bishop
6. *Mother's Maiden Name,*	Lena Shear
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Bishop
9. *Father's Occupation,*	Liquor Store
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Maggie Ettel
Address,	No 13 Lubia Street
Remarks,	

FEB 17 1883

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 13 1853
4. *Place of Birth, (Street and Number)* Fayes Street
5. *Full Name of Mother,* Louise Annie Oliver
6. *Mother's Maiden Name,* Louise Annie Gaskell
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Joseph Oliver
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Lynchburg Va

Name of Medical Attendant, or other Person who makes this Return Mudgie Eitel

Address, No 13 Louisiana St

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 15th
4. Place of Birth, (Street and Number) Port Str. 22
5. Full Name of Mother, Caroline Beacham
6. Mother's Maiden Name, " Burger
7. Mother's Birthplace, " Balto. Md.
8. Full Name of Father, Joseph. Beacham
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/1663

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	15th February, 1883
4. *Place of Birth, (Street and Number)*	175 West St
5. *Full Name of Mother,*	Bridget Carney
6. *Mother's Maiden Name,*	" Hallery
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Carney
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Ireland
Name of Medical Attendant, or other Person who makes this Return	H. H. Mebeth
Address,	57 Bank
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61664

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 15. 1883
4. *Place of Birth, (Street and Number)*	Nro 20 Bevan St.
5. *Full Name of Mother,*	Carthrine Fritz
6. *Mother's Maiden Name,*	" Siegle
7. *Mother's Birthplace,*	Würtenberg
8. *Full Name of Father,*	Adam Fritz.
9. *Father's Occupation,*	Schoemaker
10. *Father's Birthplace,*	Würtenberg
Name of Medical Attendant, or other Person who makes this Return	Mrs Marie Vroh
Address,	Nro 328 S. Eutaw St.
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS

61665

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~ 5th)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color ~~(if not of the~~ white ~~race)~~
3. Date of Birth 15th Dec 2d Wed 1883
4. Place of Birth (Street and Number) 316 N Bend.
5. Full Name of Mother ~~Emeline~~ Hetre
6. Mother's Maiden Name Emeline Waldeman
7. Mother's Birthplace B. Co.
8. Full Name of Father John G. Hetre
9. Father's Occupation Laster
10. Father's Birthplace B. Co.

Name of Medical Attendant, or other Person who makes this Return. Irving Miller MD

Address 179 East Monument St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61666

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb. 17th 1883

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 15th 1883.
4. *Place of Birth, (Street and Number)* Hardford Road.
5. *Full Name of Mother,* Katie Debelius.
6. *Mother's Maiden Name,* Katie Loechel.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Frank Debelius.
9. *Father's Occupation,* Restaurant.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend.

Address, No. 137 S Wolfe St.

Remarks. [illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

61667

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 15th 1883
4. *Place of Birth, (Street and Number)* #6 New Church St.
5. *Full Name of Mother,* Mary Cassasa
6. *Mother's Maiden Name,* " Dundary
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* John Cassasa
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61667

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Male
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth,* 13 February
4. *Place of Birth, (Street and Number)* 132 S. Exeter
5. *Full Name of Mother,* Lizzie Eckden
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Eckden
9. *Father's Occupation,* Labourer
10. *Father's Birthplace.* Ireland

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 February
4. *Place of Birth, (Street and Number)* 80 Spring Street
5. *Full Name of Mother,* Annie F. Morris
6. *Mother's Maiden Name,* Brickmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Morris
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

... O'DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, February 15th 1883
4. *Place of Birth*, (*Street and Number*) 42 Elbow Lane
5. *Full Name of Mother*, Fitty Jackson
6. *Mother's Maiden Name*, Fitty Martin
7. *Mother's Birthplace*, Anne Arundel county
8. *Full Name of Father*, Henry Jackson
9. *Father's Occupation*, Sailor
10. *Father's Birthplace*, Anne Arundel county

Name of Medical Attendant, or other Person who makes this Return Mary Ann Harris

Address, 64 Elbow Lane

Remarks, five dollars

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 6 1883

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7 Child

1. *Sex*, (*state whether male or female*) female.
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, February 15th/83.
4. *Place of Birth*, (*Street and Number*) No. 17 S. Mount St.
5. *Full Name of Mother*, Susan A. Murry.
6. *Mother's Maiden Name*, Susan A. Bien.
7. *Mother's Birthplace*, York Pa.
8. *Full Name of Father*, James A. Murry.
9. *Father's Occupation*, Machinist.
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Anne Sinclair

Address, No. 45 S. Monroe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/16/72

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 15th " — 1883
4. *Place of Birth, (Street and Number)* 216 Arlington Ave
5. *Full Name of Mother,* Rose L. Tiedebohl
6. *Mother's Maiden Name,* " " Blondell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore C Tiedebohl
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. per L.B.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

MAR 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 16th 1883
4. *Place of Birth, (Street and Number)*	No 45 Abbott St.
5. *Full Name of Mother,*	Josephina Pejril
6. *Mother's Maiden Name,*	Holicek
7. *Mother's Birthplace,*	Chicago Bohemia
8. *Full Name of Father,*	Robert Pejril
9. *Father's Occupation,*	Labor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Josephina Konrad
Address,	No 20 Barnes St
Remarks,	

C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 616744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 16th 1883
4. *Place of Birth, (Street and Number)*	No 13 Heighe alley
5. *Full Name of Mother,*	Idle Gibson
6. *Mother's Maiden Name,*	Idle Gibbs
7. *Mother's Birthplace,*	Eastern Shore
8. *Full Name of Father,*	Jacob Gibson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt
Address,	No 185 S.E. cor. Central av. & Monument St.
Remarks,	All Well

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 16th 1883.
4. *Place of Birth, (Street and Number)* No. 159 Forest St.
5. *Full Name of Mother,* Mary Schneller
6. *Mother's Maiden Name,* " Taider
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chs. Schneller
9. *Father's Occupation,* Machinist.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return M. A. Butt

Address, No. 185. S.E. cor. Central av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th February
4. Place of Birth, (Street and Number) 54 North Bond Street
5. Full Name of Mother, Lotta H Leitch
6. Mother's Maiden Name, Lotta H Sands
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H Leitch
9. Father's Occupation, Carpenter
10. Father's Birthplace, Anerundel Co

Name of Medical Attendant, or other Person who makes this Return Dr Rusk G. G. Rusk M.D.

Address, Balt. & Wash. Dts

Remarks, Natural

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH # 1677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Feb 16 1883
4. *Place of Birth*, (*Street and Number*) 178 Price St
5. *Full Name of Mother*, Mrs Mary D. Rust
6. *Mother's Maiden Name*, "O" Hohman
7. *Mother's Birthplace*, Balto City
8. *Full Name of Father*, Andrew Rust
9. *Father's Occupation*, Garbage Collector
10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return H F Hill M D

Address, 443 Franklin St

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 16 th 1883
4. *Place of Birth, (Street and Number)*	No 218 Warner st.
5. *Full Name of Mother,*	Pauline Beierlein
6. *Mother's Maiden Name,*	Konst.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George Beierlein
9. *Father's Occupation,*	Glassblower
10. *Father's Birthplace.*	America.
Name of Medical Attendant, or other Person who makes this Return	J. Lehnasser midwife
Address,	330 Hanover st.
Remarks,	

O. JULIAN & CO., CITY PRINTERS AND STATIONERS

61679

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb. 16/83.
4. Place of Birth, (Street and Number) Near Fremont & Dolphin (No Number)
5. Full Name of Mother Mary B. Moore
6. Mother's Maiden Name Sammens
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Samuel Moore
9. Father's Occupation Dairyman
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 205 W. Biddle St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH, 61679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Feb. 16/83.
4. *Place of Birth, (Street and Number)* Near Fremont & Dolphin (No Number)
5. *Full Name of Mother* Mary E. Moore
6. *Mother's Maiden Name* Summers
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Samuel Moore
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Fiethoff M. D.

Address 205 W. Biddle St.

Remarks

RETURN OF A BIRTH 61680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Feb 16th
4. *Place of Birth, (Street and Number)*	92 Tyson Street
5. *Full Name of Mother,*	Annie Maria Askins
6. *Mother's Maiden Name,*	..... Proco
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles Askins
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Eastern shore M D
Name of Medical Attendant, or other Person who makes this Return	Annie Johnson
Address,	92 Tyson St
Remarks,	Doing Well

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 23 1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female)	male
Race or Color, (if not of the white race)	white race
Date of Birth	february the 16th
Place of Birth, (Street and Number)	Baltimore Byrd st. No 36
Full Name of Mother	Ellenord Lowry
Mother's Maiden Name	Ellenord Benner
Mother's Birthplace	Baltimore
Full Name of Father	William Lowry
	Labour

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 61681

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)	2d
ether male or female)	male
or, (if not of the white race)	white race
h	February the 16th
rth, (Street and Number)	Baltimore Byrd St No 36
f Mother	Ellenord Lowry
den Name	Ellenora Benner
hplace	Baltimore
of Father	William Lowry,
cupation	Laborer
thplace	Baltimore
dical Attendant, or other Person who makes this Return.	Elizabeth Holborn
	William St No 324

RETURN OF A BIRTH 61683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	Colored
Date of Birth,	Feb 16 th 1853
Place of Birth, (Street and Number)	No 5 Fawnes alley
Full Name of Mother,	Josephine Shepherd
Mother's Maiden Name,	Boston
Mother's Birthplace,	Baltimore Md
Full Name of Father,	Thomas Scott
Father's Occupation,	Driver
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Anna Johnson
Address,	
Remarks,	19 Lynn Street

AND STATIONERS

RETURN OF A BIRTH

61683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. February 16th 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 6, child

1. *Sex*, (*state whether ~~male~~ or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, February 16th 1883
4. *Place of Birth*, (*Street and Number*) No 161 mulberry st
5. *Full Name of Mother*, Elizzie Anna Kunkel
6. *Mother's Maiden Name*, Gayford
7. *Mother's Birthplace*, Birmingham England
8. *Full Name of Father*, Friedrich Kunkel
9. *Father's Occupation*, Carpenter
10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Leubach

Address, Pratt st 3 doors E of Fremont st

Remarks,

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61684

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 16th
4. Place of Birth, (Street and Number) No 54 Stiles st
5. Full Name of Mother, Augusta Glass
6. Mother's Maiden Name, " " Wackes
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Charles McGlass
9. Father's Occupation, Barber
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return Sophia Siemon

Address, No 70 Grandy st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61685

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 16th
4. *Place of Birth, (Street and Number)* No 62 Register st
5. *Full Name of Mother,* Margrata Lee
6. *Mother's Maiden Name,* " " Gran
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Lee
9. *Father's Occupation,* ~~Carpenter~~ Carpenter
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Sneiner

Address, No. 'O Grady

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 16 83
4. *Place of Birth, (Street and Number)* 207 Montgomery St
5. *Full Name of Mother,* Mary Elizabeth Bennett.
6. *Mother's Maiden Name,* Mary Elizabeth Carter
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Joseph F Bennett
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics of the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st Child.

1. *Sex,* (*state whether male or female*) Boy.
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* 16th of February 1883.
4. *Place of Birth,* (*Street and Number*) Monument Street.
5. *Full Name of Mother,* Agnes Know.
6. *Mother's Maiden Name,* Agnes Schäffer.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry Jos. Schaffer.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return Cresentia Kunkel.

Address, 71 North Chappel St. per Justina Kunkel.

Remarks, Healthy.

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 16th 1883
4. *Place of Birth, (Street and Number)* Balt City 55 Fort Ave
5. *Full Name of Mother,* Annie Eliza Jones
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Wm Morgan Jones
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Conway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/1689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 16th 1883
4. *Place of Birth, (Street and Number)*	#12 Bare St.
5. *Full Name of Mother,*	Catharine Hamberg
6. *Mother's Maiden Name,*	Catharine Donnelly
7. *Mother's Birthplace,*	County Roscommon Ireland
8. *Full Name of Father,*	Michael Hamberg
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	County Clare Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Cottrell
Address,	#324 Light St
Remarks,	

FEB 17 1883

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6169A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex,* (state whether male or female)	Male
2. *Race or Color,* (if not of the white race)	White
3. *Date of Birth,*	16th Feb 1883
4. *Place of Birth,* (Street and Number)	# 434 Lanvale Steet.
5. *Full Name of Mother*	Mary E. Parker.
6. *Mother's Maiden Name,*	Maggie Clark.
7. *Mother's Birthplace,*	Oswego. N. Y.
8. *Full Name of Father,*	John C. Parker.
9. *Father's Occupation,*	Contractor
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return	John H. Walker. M. D.
Address,	# 433 Lanvale Steet Baltimore. Md.
~~*Remarks,*~~	

FEB 17 1883

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 17 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 16th
4. *Place of Birth, (Street and Number)* No. 198 E. Baltimore St.
5. *Full Name of Mother,* Wilhelmina Heubner
6. *Mother's Maiden Name,* " " Kühn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Heubner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No. 70 Bradley St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Certified Record of Vital Statistics in the City of Baltimore.

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 17 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	Feb 16th 1883
4. *Place of Birth, (Street and Number)*	56 Vincent Alley
5. *Full Name of Mother,*	Nancy Smith
6. *Mother's Maiden Name,*	Nancy Troy
7. *Mother's Birthplace,*	Anne Arundal Co. Md.
8. *Full Name of Father,*	Solomon Smith
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Anne Arundal Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Nathl. V. Wright M.D.
Address,	55 N. Gilmor St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. ENLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th February 1883
4. Place of Birth, (Street and Number) No. 55 Luzerne St
5. Full Name of Mother, Clara Bell Ballantine
6. Mother's Maiden Name, Clara Bell Saunders
7. Mother's Birthplace, Lexington Rockbridge Co. Va.
8. Full Name of Father, Alexander Galt Ballantine
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley

Address, Patterson Park

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

616944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

... Virginia Steele Ray.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 16th, 1883.
4. Place of Birth, (Street and Number) 845 N Bond St.
5. Full Name of Mother, Mary E. Ray
6. Mother's Maiden Name, Steele
7. Mother's Birthplace, Virginia
8. Full Name of Father, Chas H. Ray
9. Father's Occupation, Butcher
10. Father's Birthplace. Balto Md

Name of Medical Attendant, or other Person who makes this Return Dr. J. B. Billingslea

Address, 256 E. Preston St

Remarks, [illegible] ADDED 6-24-[illegible]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd / 83
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 16th
4. *Place of Birth, (Street and Number)*	140 Barre st
5. *Full Name of Mother*	Katie Elder
6. *Mother's Maiden Name,*	" Heigner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J. R. Elder
9. *Father's Occupation,*	Miller
10. *Father's Birthplace,*	Howard County
Name of Medical Attendant, or other Person who makes this Return	C. L. Beddenbaugh M.D.
Address,	166 S. Paca st.
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 16, '83
4. *Place of Birth, (Street and Number)* Kanton Av. 108
5. *Full Name of Mother,* Margaretha Herlein
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Johann Herlein
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. J. Bunbach

Address, S. Wolf str. 14

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61697

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 17th
4. *Place of Birth, (Street and Number)*	No 147 Hill St
5. *Full Name of Mother,*	Helen Lehr
6. *Mother's Maiden Name,*	" Rider
7. *Mother's Birthplace,*	Nov 4916
8. *Full Name of Father,*	Chas Lehr
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	J C Burch M D
Address,	151 Stevens St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

6 1698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 17th. 1883.
4. *Place of Birth, (Street and Number)* No. 8 Hoffman St.
5. *Full Name of Mother,* Kate Walker
6. *Mother's Maiden Name,* Kate Tarbayh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Walker
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Montgomery county

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S.E. cor. Centre av. & Monument St.

Remarks, All Well

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

67699

441

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 17th 1883
4. Place of Birth (Street and Number)	35 Pearl St
5. Full Name of Mother	Mary Duval
6. Mother's Maiden Name	Mary Cornell
7. Mother's Birthplace	Haddock Washington Co Md
8. Full Name of Father	Richard Thomas Duval
9. Father's Occupation	Paper Hanger
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm B Dorsey M D
Address	N E Cor Mulberry & Green Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)	2 the Child
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	Feb 17 — 1883
4. *Place of Birth,* (*Street and Number*)	No 66 Eutaw st.
5. *Full Name of Mother,*	Bertha Weil
6. *Mother's Maiden Name,*	Moehle
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	George Weil
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lehnoesdorf midwife
Address,	830 Hanover st.
Remarks,	

O DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feby 17- 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 17-83
4. *Place of Birth, (Street and Number)*	47 Little McElderry
5. *Full Name of Mother,*	Jennie Braut
6. *Mother's Maiden Name,*	Jennie Hales
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Charles Braut
9. *Father's Occupation,*	Basket maker
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return	D. V. Moyer MD
Address,	170 Aisquith St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61702

37

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 17 1883
4. *Place of Birth, (Street and Number)*	123 Mulliken St
5. *Full Name of Mother,*	Elizabeth A Nelson
6. *Mother's Maiden Name,*	Green
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo H Nelson
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Atwell
Address,	286 Mc Donogh st
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1703

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 Februar 1883
4. *Place of Birth, (Street and Number)* Baltimore Mc Elderry Street 301 Extendet
5. *Full Name of Mother,* Catharina Feldner
6. *Mother's Maiden Name,* Catharina Groh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Caspar Feldner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Henriette Glasscoe

Address, Mc. Elderry st extendet near Burke st

Remarks, In good Health

JOHN B. PIET, PRINTER & STATIONER, BALT.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	~~M~~ Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 17th 1883.
4. Place of Birth (Street and Number)	356 N Stricker st
5. Full Name of Mother	Margaret E. Applegarth.
6. Mother's Maiden Name	Margaret E. McCubbin.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Walter W. Applegarth.
9. Father's Occupation	Traveling Salesman.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Dr Thos D Pennington MD
Address	134 N Carrollton Ave.
Remarks	

RETURN OF A BIRTH, 1705

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female)	Male
Race or Color, (if not of the white race)	white race
Date of Birth	february The 14th
Place of Birth, (Street and Number)	Baltimore william St No 34
Full Name of Mother	Boarbury Hines
Mother's Maiden Name	gardner
Mother's Birthplace	Baltimore
Full Name of Father	Clarke Hines
Father's Occupation	labour
Father's Birthplace	fredericksburg
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hathorn
Address	william St No 34
Remarks	

RETURN OF A BIRTH

61706

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 17th
4. *Place of Birth, (Street and Number)*	No 101 Greenmount Ave
5. *Full Name of Mother,*	Mary Wilson
6. *Mother's Maiden Name,*	Mary Norton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Wilson
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address,	
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, *&c.*) 1st

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* February 17th 1883
4. *Place of Birth,* (*Street and Number*) No 11 Low st
5. *Full Name of Mother,* Hannah Friedman
6. *Mother's Maiden Name,* Hannah Burger
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Samuel Friedman
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1tes & 2tes Child Twins

1. *Sex*, (*state whether male or female*) 8

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, February the 17. 1883

4. *Place of Birth*, (*Street and Number*) E. Baltimore St. No 293.

5. *Full Name of Mother*, Hattie Simon

6. *Mother's Maiden Name*, Hattie Haase

7. *Mother's Birthplace*, Berlin N. Preussen. Germany

8. *Full Name of Father*, Martin Simon

9. *Father's Occupation*, Theater Actor

10. *Father's Birthplace*. London N. Gr. Britt. Europa

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 ne
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 17
4. Place of Birth (Street and Number)	No 15 Dowson Alley
5. Full Name of Mother	Mrs Molley Mitz Traband
6. Mother's Maiden Name	Molly Mitz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	~~Labore~~ Mickel Traband
9. Father's Occupation	Labore
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Richyson
Address	No 212 Dover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 24 1893

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb. 17th
4. *Place of Birth, (Street and Number)* No 22 Valley St.
5. *Full Name of Mother,* Mary Ann Benner.
6. *Mother's Maiden Name,* Mary Ann Boyle.
7. *Mother's Birthplace,* Washington.
8. *Full Name of Father,* Joseph Edward Benner
9. *Father's Occupation,* Homing Miller.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Wooden.

Address, 120 Greenmount Av

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th Feb 1883
4. *Place of Birth, (Street and Number)*	168 Hollins st Baltimore md
5. *Full Name of Mother,*	Julian Lambert
6. *Mother's Maiden Name,*	Julian Hleiman
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	Theodore Lambert
9. *Father's Occupation,*	Basket maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Seibach. 439 W Pratt st
Address,	
Remarks,	

FEB 20 2

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RETURN OF A BIRTH 61712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 Feb
4. *Place of Birth, (Street and Number)* S Charles st No 257
5. *Full Name of Mother,* Arintha Wentworth
6. *Mother's Maiden Name,* Underhill
7. *Mother's Birthplace,* Somerset County Md
8. *Full Name of Father,* George W Wentworth
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Connecticut

Name of Medical Attendant, or other Person who makes this Return Mrs Conway

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

61713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 17 1883
4. *Place of Birth, (Street and Number)* 139 Dunsan Al
5. *Full Name of Mother,* Annie Keilhar
6. *Mother's Maiden Name,* Mary Barbha
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Greg Keilhar
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E Tracy

Address, 143 Christ

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 17th 1883
4. *Place of Birth, (Street and Number)* 244 ~~350~~ S Dallas st
5. *Full Name of Mother,* Mary Wieglowskan
6. *Mother's Maiden Name,* " Treiride
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Albert Wieglowskan
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61715

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 11 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of February
4. *Place of Birth, (Street and Number)* 251 Alice Anna St.
5. *Full Name of Mother,* —
6. *Mother's Maiden Name,* Mary Weinmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. G. Behnken Midwife

Address, 54 Essex St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	feb. 17. 1883.
4. *Place of Birth, (Street and Number)*	Baltimore retaw court. no 8
5. *Full Name of Mother,*	Tiza Barn
6. *Mother's Maiden Name,*	Tiza Jones
7. *Mother's Birthplace,*	Saint marys couty. md
8. *Full Name of Father,*	Henry Barn.
9. *Father's Occupation,*	Sawing man
10. *Father's Birthplace,*	Saint Marys Count md
Name of Medical Attendant, or other Person who makes this Return.	Sallie Pennigton
Address,	94 Jasper St baltimore
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Male

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Feby 17 1883
4. *Place of Birth, (Street and Number)* 102 S. Broad
5. *Full Name of Mother,* Adelaide S. Alexander
6. *Mother's Maiden Name,* " " Jones
7. *Mother's Birthplace,* Mount Carmel
8. *Full Name of Father,* Richard Alexander
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return — J. L. Williams

Address, 77 S Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 6718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	February 17,
4. *Place of Birth, (Street and Number)*	Baltimore, arch, street no 63.
5. *Full Name of Mother,*	Hattie Sherwood
6. *Mother's Maiden Name,*	Hattie Tomas
7. *Mother's Birthplace,*	Eastern Shore Talbot county Md
8. *Full Name of Father,*	Henry Sherwood
9. *Father's Occupation,*	Laboring Man
10. *Father's Birthplace,*	Eastern Shore Talbot county
Name of Medical Attendant, or other Person who makes this Return.	Sallie Jennington
Address,	94 Jasper St Baltimore
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17th 1883.
4. *Place of Birth, (Street and Number)* 36 Light St.
5. *Full Name of Mother,* Addie M. Belle
6. *Mother's Maiden Name,* Milstead
7. *Mother's Birthplace,* Brookville, P. George Co. Md.
8. *Full Name of Father,* Walter C. Belle
9. *Father's Occupation,* Street Car Conductor, City
10. *Father's Birthplace,* Prince George Co. Md.

Name of Medical Attendant, or other Person who makes this Return C. D. Smith

Address, 329 Light St. City

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6/720

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 2.

1. *Sex*, (*state whether male or female*) Female
2. *Race or ~~Color~~*, (*if not of the white race*)
3. *Date of Birth*, 17 February
4. *Place of Birth*, (*Street and Number*) 60 President st
5. *Full Name of Mother*, Rosa Worringd
6. *Mother's Maiden Name*, Tolofranska
7. *Mother's Birthplace*, Stala
8. *Full Name of Father*, Andona Warringd
9. *Father's Occupation*, Labourer
10. *Father's Birthplace*, Stala

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 728 E. Lombard street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

25

RETURN OF A BIRTH

61721

GIVEN NAME ADDED 11-29-54

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Samuel R. Mears

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 17, 1883
4. *Place of Birth, (Street and Number)* 45 N. Gay St.
5. *Full Name of Mother,* Emma Josephine Mears.
6. *Mother's Maiden Name,* Emma Josephine Roney
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry W. Mears.
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return C. W. Honck. M.D.

Address, 75 E Balto St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 17th 1883
4. *Place of Birth, (Street and Number)*	No 56 Eden Street
5. *Full Name of Mother,*	Mrs Maggie Ward
6. *Mother's Maiden Name,*	Miss Maggie Wilkinson
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Mr John Ward
9. *Father's Occupation,*	Mate of Steamer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Rachel A. Crandell
Address,	No 65 Burke st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

6772

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 14 1883 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 17th 1883
4. *Place of Birth, (Street and Number)*	No – 180 West Preston St.
5. *Full Name of Mother,*	Ellen A Dulany
6. *Mother's Maiden Name,*	Simms
7. *Mother's Birthplace,*	West Point Newyork
8. *Full Name of Father,*	Walter Dulany
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61724

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~1st~~ 7th "
1. *Sex, (state whether male or female)*	~~male~~
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 18th 1883
4. *Place of Birth, (Street and Number)*	X W. Lombard St "
5. *Full Name of Mother,*	Alice S. Martin
6. *Mother's Maiden Name,*	" " Spicer
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Wm J. Martin
9. *Father's Occupation,*	Bookkeeper
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return	A L Spicer M.D.
Address,	387 W. Lombard St.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 February
4. *Place of Birth, (Street and Number)*	152 Dillon street
5. *Full Name of Mother,*	Mary O'Brien
6. *Mother's Maiden Name,*	Mary Rogers
7. *Mother's Birthplace,*	Baltimore Co.
8. *Full Name of Father,*	Edmund O'Brien
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	County Waterfield Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Sarah Sullens
Address,	104 Lumley street (Canton)
Remarks,	

MAR 2 1883

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth (5th)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jul 18th 1883
4. *Place of Birth, (Street and Number)*	176 Harford Av
5. *Full Name of Mother,*	Louisa Weber
6. *Mother's Maiden Name,*	" Ohlgart
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Edward Weber
9. *Father's Occupation,*	Wood Carver
10. *Father's Birthplace.*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Regina A Winter
Address,	186 Harford Av
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61727

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 18th 1863
4. *Place of Birth, (Street and Number)* 12 Stevenson St
5. *Full Name of Mother,* Caroline S Morse
6. *Mother's Maiden Name,* Caroline S Brooks
7. *Mother's Birthplace,* Vermont
8. *Full Name of Father,* H. N. Morse
9. *Father's Occupation,* Johns Hopkins Univ
10. *Father's Birthplace.* Vermont

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 121 N. [illegible]

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61728

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 18 Feb 1883
4. *Place of Birth, (Street and Number)* No 24 N Sharp
5. *Full Name of Mother* Bridget Mayers
6. *Mother's Maiden Name* Bridget White
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* George Mayers
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C Carroll

Address No 7 Patterson ave

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

61729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 18 of Febry
4. *Place of Birth, (Street and Number)* No 32 King St
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* Mary Ringgold
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Hessey Carr Lewis
9. *Father's Occupation,* Hoseler
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Thomson

Address, No 94 Tyson St

Remarks, doing well

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6/730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Yellow. female
2. *Race or Color, (if not of the white race)*	Yellow.
3. *Date of Birth,*	Feb, 18, 1883.
4. *Place of Birth, (Street and Number)*	63 Clay. St.
5. *Full Name of Mother,*	Agnes Thomas
6. *Mother's Maiden Name,*	" Thomas
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	J. Henry Thomas
9. *Father's Occupation,*	Telegraph porter
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	Dr Morgan
Address,	1196. Monument St.
Remarks,	

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 61731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 18th 1883
4. *Place of Birth, (Street and Number)* 267 Maryland Ave
5. *Full Name of Mother* M. Louise Blakiston
6. *Mother's Maiden Name* M. Louise Pambill
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Blakiston
9. *Father's Occupation*
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return, N. Chilson Jr M.D.

Address 146 Park Ave

Remarks Still Born from Malformed pelvis

RETURN OF A BIRTH 61732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feby 18
4. *Place of Birth, (Street and Number)*	129 Baltm St.
5. *Full Name of Mother*	Mary Wilson
6. *Mother's Maiden Name,*	Kunkel
7. *Mother's Birthplace,*	Frederick Co,
8. *Full Name of Father,*	John K. Wilson
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	J. M. Wilson
Address,	257 Mar. Ave.
Remarks,	

FEB 29 1892

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feby 18th 1883
4. *Place of Birth, (Street and Number)* Mc Elderry Street Cor Maidanry alley
5. *Full Name of Mother,* Mary Elizabeth Harvey
6. *Mother's Maiden Name,* Mary Elizabeth Gasaway
7. *Mother's Birthplace,* Balt Co Md
8. *Full Name of Father,* Amos Harvey
9. *Father's Occupation,* Wagner and Drayman
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs Henriett Glascoe

Address Mc Elderry Street Extended . City

Remarks. In good health

wm J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

Owen 61734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 23 1883

Name: Florence Shipley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 18 1883
4. *Place of Birth, (Street and Number)* 145 Washington street
5. *Full Name of Mother* Mary M J Shipley
6. *Mother's Maiden Name* Mary M J Brussell
7. *Mother's Birthplace* Baltimore county
8. *Full Name of Father* John W Shipley
9. *Father's Occupation* roller of iron
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153

Address Collington ave

Remarks

RETURN OF A BIRTH.

6735

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 23 1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 18/03.
4. Place of Birth (Street and Number)	45 Raborg st.
5. Full Name of Mother	Louisa Bright
6. Mother's Maiden Name	Louisa
7. Mother's Birthplace	Kent Co Md.
8. Full Name of Father	Thomas Bright
9. Father's Occupation	Waiter
10. Father's Birthplace	Kent Co Md.
Name of Medical Attendant, or other Person who makes this Return.	John P Pennington M.D.
Address	134 N Carrollton Ave.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 18th —
4. *Place of Birth, (Street and Number)*	No 96 E Eager —
5. *Full Name of Mother,*	Helen Rider
6. *Mother's Maiden Name,*	Helen Wilson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Daniel Rider
9. *Father's Occupation,*	Steel Store
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address,	
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) H child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 18 day of febury 1883
4. *Place of Birth, (Street and Number)* Vincin aly near Carmon
5. *Full Name of Mother,* Rebeca Smith
6. *Mother's Maiden Name,* Rebea Brice
7. *Mother's Birthplace,* Estorn Shore maryland
8. *Full Name of Father,* Edward Smith
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return Marzin Olives

Address, No 2. Willmore aly

Remarks, " " " " " " "

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61738

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18th, of February
4. *Place of Birth, (Street and Number)* No. 19 Jue Alley
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Davis
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

61739

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Febr 18 1883
4. *Place of Birth, (Street and Number)* 35 Madeira Al
5. *Full Name of Mother,* Anne [illegible]
6. *Mother's Maiden Name,* Ann Foly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Bain
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs E Fray

Address, 193 Chesto

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 61740

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white race

3. *Date of Birth,* Sunday 18

4. *Place of Birth, (Street and Number)* Baltimore 5 Falls Alley

5. *Full Name of Mother,* Martha Convery

6. *Mother's Maiden Name,* Martha Russell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Convery

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Ann Thornton

Remarks, No 1 Byrd Street Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 24 1883

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 18th 1883
4. *Place of Birth, (Street and Number)* 26 Leadenhall St.
5. *Full Name of Mother,* Annie C. Winter
6. *Mother's Maiden Name,* " " Eitel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F. Winter
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Gambrel M.D.

Address, 1708 Sharp St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 February 1883
4. *Place of Birth, (Street and Number)*	113 Eden st
5. *Full Name of Mother,*	Rocey Nelson
6. *Mother's Maiden Name,*	Hitch
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Nelson
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace.*	Somersitca
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park av
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Born 18 of this month Feb
4. *Place of Birth, (Street and Number)* Carlton No 17
5. *Full Name of Mother,* Julia R. Johnson
6. *Mother's Maiden Name,* Julia R. Hent
7. *Mother's Birthplace,* Virginia Essex Co
8. *Full Name of Father,* George W Johnson
9. *Father's Occupation,* he is Cook
10. *Father's Birthplace,* Virginian Dunnville Essex Co

Name of Medical Attendant, or other Person who makes this Return Mrs. Annie Johnson

Address, 94 Tyson Street

Remarks, Well doing

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 18th 1883
4. *Place of Birth, (Street and Number)* 160 S Broadway
5. *Full Name of Mother,* Maria Miller
6. *Mother's Maiden Name,* " Mueller
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Andrew Miller
9. *Father's Occupation,* Jeweler
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Batz

Address, 120 Bank St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61745

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feby 18th
4. *Place of Birth (Street and Number)* 323 Eager Street
5. *Full Name of Mother* Amelia Dietz
6. *Mother's Maiden Name* Amelia Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph A Dietz
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Thomas J Simms M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 19 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th Balto Md
4. *Place of Birth, (Street and Number)* Balto Jones Court No 13
5. *Full Name of Mother.* Rosa Dolnak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos. Dolnak
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace.* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kolatish

Address, 69 N. Washington st

Remarks, Mary Kolatish

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 18th 1883
4. Place of Birth (Street and Number)	313 N Eden St
5. Full Name of Mother	Katie Adell Edmonston
6. Mother's Maiden Name	" " Joly
7. Mother's Birthplace	Philadelphia Penn
8. Full Name of Father	Thomas L Edmonston
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E Hall Custer M D
Address	157 Cesquette St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 8

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 18.83.
4. *Place of Birth, (Street and Number)* N. Mathias Alley No 4
5. *Full Name of Mother,* Friedrike Lotz
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Wittenberg
8. *Full Name of Father,* Karl Lotz
9. *Father's Occupation,* Schohmaber
10. *Father's Birthplace,* Wittenberg

Name of Medical Attendant, or other Person who makes this Return Wm. F. Raubach

Address, S. Wolfstr. No 14

Remarks.

MAR 3 1883

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61749

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* February 18. 1883

4. *Place of Birth, (Street and Number)* 6 Wilson St

5. *Full Name of Mother,* Mary McGinnis

6. *Mother's Maiden Name,* " McNamara

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Michael P. H. McGinnis.

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return — Marbury Brown M.D

Address, 68 McCulloh St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 18 1883
4. *Place of Birth, (Street and Number)*	170 Harlem Ave
5. *Full Name of Mother,*	Louise Cassiday
6. *Mother's Maiden Name,*	Burke
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo Cassiday
9. *Father's Occupation,*	Liquor Dealer
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Thos Opie M D
Address,	39 N. Carey St
Remarks.	

C. JULIANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Feby 1883
4. Place of Birth, (Street and Number)	112 Jefferson st.
5. Full Name of Mother,	Indiana Askew
6. Mother's Maiden Name,	" Williams
7. Mother's Birthplace,	Woodberry Balt. co. Md.
8. Full Name of Father,	William Askew
9. Father's Occupation,	Fireman
Father's Birthplace,	Mount Vernon Balt. co. Md.
Name of Medical Attendant, or other Person who makes this Return	R.W. Mansfield M.D.
Address,	117 S Broadway
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 61752

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Feb. 19th, 1883
4. *Place of Birth, (Street and Number)* No 38 Lemon St.
5. *Full Name of Mother,* Belle Grimes
6. *Mother's Maiden Name,* " Mobley
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* George Grimes
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Frederick Md

Name of Medical Attendant, or other Person who makes this Return C. W. Neff

Address. 300 W. Hayworth

Remarks,

...born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 14th February
4. *Place of Birth, (Street and Number)* Eutaw St 382
5. *Full Name of Mother,* Anna E pearce
6. *Mother's Maiden Name,* lin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* David prese
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Thent island

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Cross St ~~[illegible]~~

Remarks, 368

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61754

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Birth
1. Sex, (state whether male or female)	Boi
2. Race or Color, (if not of the white race)	Weit
3. Date of Birth,	14 Februar
4. Place of Birth, (Street and Number)	Doklas Street No 49
5. Full Name of Mother,	Kathi Weineln
6. Mother's Maiden Name,	~~Mo~~ Muller
7. Mother's Birthplace,	Helmbrecht Baieren
8. Full Name of Father,	Wilhelm Weineln
9. Father's Occupation,	Baker
10. Father's Birthplace,	Heilgrunden Hessen
Name of Medical Attendant, or other Person who makes this Return	Lombard Street No 278
Address,	
Remarks,	Mrt. Maurer

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61755

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colt
3. *Date of Birth,* Feb 19 93
4. *Place of Birth, (Street and Number)* # 190 Columbus Ave
5. *Full Name of Mother,* Johanna Eunice Easter
6. *Mother's Maiden Name,* Luck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Easter
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Hanover Germ.

Name of Medical Attendant, or other Person who makes this Return Mun Kroh

Address, # 328 S Eutaw St

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 19 83
4. *Place of Birth, (Street and Number)*	# 426 Hanover St
5. *Full Name of Mother,*	Eliza Ohmes
6. *Mother's Maiden Name,*	" Weller
7. *Mother's Birthplace,*	Prussia
8. *Full Name of Father,*	Chas Ohmes
9. *Father's Occupation,*	Store Keeper
10. *Father's Birthplace.*	Hanover, Germ
Name of Medical Attendant, or other Person who makes this Return	Mary Kroh
Address,	# 338 S Eutaw St.
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1st

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, Feb 19th

4. *Place of Birth*, (*Street and Number*) St Vincents' Infant Asylum

5. *Full Name of Mother*,

6. *Mother's Maiden Name*, Mabel Benson

7. *Mother's Birthplace*, Md

8. *Full Name of Father*,

9. *Father's Occupation*,

10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return Sister of Charity

Address,

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	19 February 1883
4. *Place of Birth, (Street and Number)*	51 Short St
5. *Full Name of Mother,*	Margret Jackson
6. *Mother's Maiden Name,*	Williams
7. *Mother's Birthplace,*	Baltimore city
8. *Full Name of Father,*	William H Jackson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Mrs M E Hurley
Address,	94 N Eden St
Remarks,	

IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 17th 83
4. Place of Birth, (Street and Number) # 20 Ridgely St
5. Full Name of Mother, Juliana Becker
6. Mother's Maiden Name, " Keicher
7. Mother's Birthplace, Hessen Darmstadt
8. Full Name of Father, Henry Becker
9. Father's Occupation, Laborer
10. Father's Birthplace, Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return Mary Kohl

Address, # 325 S. Eutaw St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 19th 1883
4. Place of Birth, (Street and Number)	52½ Chesnut St
5. Full Name of Mother,	Elizabeth Bailey
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	
9. Father's Occupation,	
10. Father's Birthplace,	
Name of Medical Attendant, or other Person who makes this Return	Harriet Jackson
Address,	5 Barrett St
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Feb 19. 1883.

4. Place of Birth, (Street and Number) Rear of 188 Park Avenue

5. Full Name of Mother, Ellen Davis

6. Mother's Maiden Name, Ellen Tidings

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Davis

9. Father's Occupation, Laborer

10. Father's Birthplace, West River Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return Robt W Johnson

Address. 76 Cathedral St City

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

~~616~~ 61762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Mulatto
3. Date of Birth,	Feb 19 1883
4. Place of Birth, (Street and Number)	Park & Richmond
5. Full Name of Mother,	Emily Blays
6. Mother's Maiden Name,	" Coates
7. Mother's Birthplace,	Penn
8. Full Name of Father,	Charles Blays
9. Father's Occupation,	Waiter
10. Father's Birthplace,	nd
Name of Medical Attendant, or other Person who makes this Return	C B Gamble Med
Address,	59 Cathedral
Remarks,	

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 61763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 28 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	19th February
4. Place of Birth, (Street and Number)	No 6 Elder Alley Baltimore Md
5. Full Name of Mother,	Mary Priscilla Young
6. Mother's Maiden Name,	Mary Priscilla Foote
7. Mother's Birthplace,	West River Md.
8. Full Name of Father,	William Young
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Quaker bottom
Name of Medical Attendant, or other Person who makes this Return	Marian Mason
Address,	37 Walnut Alley
Remarks,	Healthy

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 19, of, Feb,

4. Place of Birth, (Street and Number) No, 230 east, Cager, St,

5. Full Name of Mother, Mary, M, Ernst,

6. Mother's Maiden Name, Mary Reed

7. Mother's Birthplace, Baltemore

8. Full Name of Father, John A, Reed

9. Father's Occupation, S Caerear

Father's Birthplace, Baltemore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs, Cristina Lauer,

Remarks, 173, Harfer, ern, 1883

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1883

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, 17 Feb.
4. *Place of Birth*, (*Street and Number*) 257 c Monument St
5. *Full Name of Mother*, Mary James
6. *Mother's Maiden Name*, " Haney
7. *Mother's Birthplace*, Balt. Md.
8. *Full Name of Father*, Thomas James
9. *Father's Occupation*, Carpenter
10. *Father's Birthplace*, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Mlly

Address, 48 Holland St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

61766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Sept 19th 1883
4. *Place of Birth (Street and Number)*	28 Macculbin
5. *Full Name of Mother*	Elizabeth Dunn
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Bayside Talbot Co. Md
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Cecily Workman
Address	25 Gist St
Remarks	

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19 1883
4. *Place of Birth, (Street and Number)* 17 George St
5. *Full Name of Mother,* Mary Hoffmeyer
6. *Mother's Maiden Name,* Mary Wenzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Hoffmeyer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas A Wiesenfeld

Address, 845 Donna Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

61768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 19th 1883
4. Place of Birth (Street and Number)	#314 E Balto St
5. Full Name of Mother	Jennie E Mack
6. Mother's Maiden Name	" " Burk
7. Mother's Birthplace	Pattersons Md
8. Full Name of Father	John Mack
9. Father's Occupation	Salesman
10. Father's Birthplace	Washington DC
Name of Medical Attendant, or other Person who makes this Return.	F E. Hooks MD
Address	241 E Balto St
Remarks	

RETURN OF A BIRTH

br 769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 24 1883

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Feb 19 Th 1883
4. Place of Birth, (Street and Number) 1640 Ege Street
5. Full Name of Mother. mary Wright
6. Mother's Maiden Name, the same
7. Mother's Birthplace, Balto. City
8. Full Name of Father, o
9. Father's Occupation, o
10. [redacted] Father's Birthplace. o

Name of Medical Attendant, or other Person who makes this Return Leon Walker

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 19 1883
4. *Place of Birth, (Street and Number)* 188 Chestnut St
5. *Full Name of Mother.* Matilda Wilcox
6. *Mother's Maiden Name,* " Cochrane
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thos J. Wilcox
9. *Father's Occupation,* Hardware Merchant
10. *Father's Birthplace.* Balto.

Name of Medical Attendant, or other Person who makes this Return H. Smith MD

Address, 140 N. Eutaw St

Remarks, [illegible]

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 20 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 14 Feb.
4. *Place of Birth, (Street and Number)* 52 Harrison St
5. *Full Name of Mother.* Rachel Kirshenbaum
6. *Mother's Maiden Name,* " Bilogrui
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jakob Kirshenbaum
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Ulrich

Address, 48 Holland St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 17th 1883
4. Place of Birth, (Street and Number) 120 S Register st
5. Full Name of Mother, Mary Apfel
6. Mother's Maiden Name, " Hamel
7. Mother's Birthplace, City
8. Full Name of Father, Edward Apfel
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61773

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 19th 1883
4. *Place of Birth, (Street and Number)* 151 S Broadway
5. *Full Name of Mother,* Sophia Sherer
6. *Mother's Maiden Name,* " Meyerson
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph Sherer
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Butz

Address, 120 Bank st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2d
1. Sex. (state whether male or female)	female
2. Race or Color. (if not of the white race)	white
3. Date of Birth,	Feb. 19th 1883.
4. Place of Birth, (Street and Number)	76 Francis St.
5. Full Name of Mother,	Johanna C. Moore
6. Mother's Maiden Name,	Williams
7. Mother's Birthplace,	St Mary's Co. Md
8. Full Name of Father,	Wm C. Moore
9. Father's Occupation,	Car Driver
10. Father's Birthplace,	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	431 Penna. Ave.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61775

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 11 one

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* feb 19. 83
4. *Place of Birth (Street and Number)* No 96 welcom alley
5. *Full Name of Mother* S. william
6. *Mother's Maiden Name* S gross
7. *Mother's Birthplace* northumton county va
8. *Full Name of Father* G. william
9. *Father's Occupation* waiter
10. *Father's Birthplace* northumton county V.A.

Name of Medical Attendant, or other Person who makes this Return. mary A Bivens

Address No 51 Leadenhal St

Remarks as well as can Be expected

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61776

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 19th 9th P.M. 1883
4. *Place of Birth (Street and Number)* N. E. Cor. Broadway & Balto. Sts
5. *Full Name of Mother* Margaret Alexine Evans
6. *Mother's Maiden Name* Margaret A. Turner
7. *Mother's Birthplace* Wicomoco Co. Md
8. *Full Name of Father* Capt. John. Ed. Evans
9. *Father's Occupation* Sex
10. *Father's Birthplace* Wicomoco Co. Md

Name of Medical Attendant, or other Person who makes this Return. James E. Drinville M.D.

Address 299 E. Balto. St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 61777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 12th 1883
4. Place of Birth, (Street and Number) No 172 E. Baltimore St
5. Full Name of Mother. Lizzie Hofmann
6. Mother's Maiden Name, " Schroeder
7. Mother's Birthplace, Germany
8. Full Name of Father. Chas Hofmann
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Goetze

Address, No 65 S Bond St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1883

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 19. 83
4. Place of Birth, (Street and Number) N. Ann str No 84.
5. Full Name of Mother, Emma Pfeifer
6. Mother's Maiden Name, Denel
7. Mother's Birthplace, Balt.
8. Full Name of Father, Georg Pfeifer
9. Father's Occupation, Milkmann
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm J. Rauhuch

Address, S. Wolf str No 14

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 01779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	seond Child
1. *Sex, (state whether male or female)*	fernale
2. *Race or Color, (if not of the white race)*	Collord
3. *Date of Birth,*	20 eth of february 18.83
4. *Place of Birth, (Street and Number)*	Baltimore No 160 Henrietta st
5. *Full Name of Mother,*	Larrow Brown
6. *Mother's Maiden Name,*	Larrow Wright
7. *Mother's Birthplace,*	Kent Island
8. *Full Name of Father,*	Perry Brown
9. *Father's Occupation,*	grain runner
10. *Father's Birthplace,*	Kent Island
Name of Medical Attendant, or other Person who makes this Return.	Mrs Annie Johnson
Address,	Plum alley 101
Remarks,	

JOHN G. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 6178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	20th February
4. Place of Birth, (Street and Number)	Warder St. 180
5. Full Name of Mother,	Sarah Taylor
6. Mother's Maiden Name,	Allen
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Samuel Taylor
9. Father's Occupation,	Single
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	L. Wilson
Address,	Cross St [redacted]
Remarks,	366

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61781

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 20. 1883.
4. *Place of Birth (Street and Number)* Federhall 91 50
5. *Full Name of Mother* Margaret Fahey
6. *Mother's Maiden Name* Margaret Farrell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mark Fahey
9. *Father's Occupation* Porter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary R. Cashey

Address 134. Hanover

Remarks During Well

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 2 1883

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 20th. 1883
4. Place of Birth, (Street and Number)	No. 137 E. Biddle St.
5. Full Name of Mother,	Kate Thalheimer
6. Mother's Maiden Name,	Kate Gang
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Thalheimer
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	M. A. Butt.
Address,	No. 185 S.E. cor Centre av. & Monument St.
Remarks,	All Well

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 21 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20 1883
4. Place of Birth, (Street and Number) 233 Clark Alley
5. Full Name of Mother, Catharine Stieling
6. Mother's Maiden Name, " Rudolph
7. Mother's Birthplace, Kurhessen Germ
8. Full Name of Father, Henry Stieling
9. Father's Occupation, Baker
10. Father's Birthplace, Kurhessen Germ

Name of Medical Attendant, or other Person who makes this Return Mary Kool

Address, 328 S Eutaw St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 February
4. *Place of Birth, (Street and Number)* Leadenhall Street No 84
5. *Full Name of Mother,* Elizabeth Strasser
6. *Mother's Maiden Name,* Elizabeth Gardner
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Freddezick Strasser
9. *Father's Occupation,* Wachenist
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 20 1883
4. Place of Birth, (Street and Number) 198 McCulloh St
5. Full Name of Mother, Frances Lanahan
6. Mother's Maiden Name, Frances Reeder
7. Mother's Birthplace, Balt
8. Full Name of Father, J. J. Lanahan
9. Father's Occupation, Merchant
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return J. H. Millenbergen

Address, 121 W. Monument St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61786

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20 1883
4. Place of Birth, (Street and Number) 353 Lawvale St
5. Full Name of Mother, Adele Linthicum
6. Mother's Maiden Name, Adele Knight
7. Mother's Birthplace, Balt.
8. Full Name of Father, Wm Linthicum
9. Father's Occupation, Merchant
10. Father's Birthplace, A. I. Co. Md.

Name of Medical Attendant, or other Person who makes this Return G. W. Littenberger

Address, 121 W. Monument St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61787

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 4th 1883
4. *Place of Birth, (Street and Number)*	No 108 Bunsay st
5. *Full Name of Mother,*	Mary Mc Morburger
6. *Mother's Maiden Name,*	Mary Mc Baldwin
7. *Mother's Birthplace,*	Anderunnel C C Md
8. *Full Name of Father,*	Henry J Morburger
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore C C Md
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address,	792 Pratt st
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20th 83
4. Place of Birth, (Street and Number) 311 Hamburg St
5. Full Name of Mother, Amelia ~~Mary~~ Lotz
6. Mother's Maiden Name, Huselman
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, George Lotz
9. Father's Occupation, Driver
10. Father's Birthplace, Sachsen Weimer

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20th 1883
4. Place of Birth, (Street and Number) No 301 Forrest st
5. Full Name of Mother, Mary Anna Magilley
6. Mother's Maiden Name, Mary A Carrson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Magilley
9. Father's Occupation, Conducton
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Wooden

Address, 120 Greenmount Av

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61790

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1 st Child
1. *Sex*, (*state whether male or female*)	Female
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Feb 20 th 1883
4. *Place of Birth*, (*Street and Number*)	No 135 Fremont
5. *Full Name of Mother*,	Elise Ziegert
6. *Mother's Maiden Name*,	Hoffman
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	George Ziegert
9. *Father's Occupation*,	Stonecutter
10. *Father's Birthplace*,	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohmasser midwife
Address,	330 Hanover st.
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

61791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether 1st, 2d*~~, 3d, ~~*&c.*~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* February 20th /83.
4. *Place of Birth (Street and Number)* 262 N. Gay St.
5. *Full Name of Mother* Rosa R. Sauerwald
6. *Mother's Maiden Name* Rosa R. Wolfe
7. *Mother's Birthplace* Homestead - Balto County Md.
8. *Full Name of Father* Joseph Sauerwald
9. *Father's Occupation* Basket Maker.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozeski

Address 273 W. Lexington St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20th
4. Place of Birth, (Street and Number) No 36 Pratt st
5. Full Name of Mother, Lizzie Colligner
6. Mother's Maiden Name, " " Gelhardt
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Colligner
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Siemen

Address, No 70 Granby st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 6793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 28 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Pregnancy
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 20th 1883
4. Place of Birth, (Street and Number)	24 Dennead St
5. Full Name of Mother,	Isabella Passano Colvin
6. Mother's Maiden Name,	Isabella Passano
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo H Colvin
9. Father's Occupation,	Cook
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	C Winslow
Address,	23 McCulloh St
Remarks,	Phys.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 20. 1883
4. *Place of Birth, (Street and Number)* 308 McDonough St
5. *Full Name of Mother,* Bridget A Woodward
6. *Mother's Maiden Name,* Gorman
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Geo Woodward
9. *Father's Occupation,* Huxter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonough St

Remarks,

...of the parents, and the maiden name of the mother of such child or children.

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	Feb 20th 1883
4. *Place of Birth, (Street and Number)*	180 N Calhoun St
5. *Full Name of Mother,*	Annah Linton
6. *Mother's Maiden Name,*	Annah Strasbaugh
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John W Linton
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Saml E Powell MD
Address,	29 Aisquith St
Remarks,	

FEB 20 1883

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61796

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 February
4. *Place of Birth (Street and Number)* No 11 Bartlett st
5. *Full Name of Mother* Maggie Fell
6. *Mother's Maiden Name* Mrs Maggie Schaas
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alford Schaas
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Richson

Address No 212. Dover street

Remarks both doing well

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61797

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of February 1883
4. Place of Birth, (Street and Number) No 19 West St
5. Full Name of Mother, Ellen Gury
6. Mother's Maiden Name, Ellen Fitzmaurice
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Gury
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Sabina Greenshaber

Address, No 128 West St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20 February 1883
4. Place of Birth, (Street and Number)	229 Hudson St.
5. Full Name of Mother,	Mathia Rose
6. Mother's Maiden Name,	Lambden
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fred Rose
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Wiley
Address,	No 12 Patterson Park av
Remarks,	

FEB 23

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 20, 1883

4. Place of Birth, (Street and Number) 99 N. Bappleton St.

5. Full Name of Mother, Kate Whitney

6. Mother's Maiden Name, Kate Hübner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard H. Whitney

9. Father's Occupation, Grocer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas. A. Hockey, M.D.

Address, No. 45 N. Gilmor St.

Remarks, Retained Placenta - No ill effects

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 20th 1883
4. *Place of Birth, (Street and Number)*	46 Barre Street
5. *Full Name of Mother,*	Ellenora E. Walden
6. *Mother's Maiden Name,*	Tschudy
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Gustavus W. Walden
9. *Father's Occupation,*	Clerk War Dept Wash D.C.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	S. W. Flower M.D.
Address,	S.E. Cor Eager & Caroline Street
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 20th of February 1883.
4. Place of Birth, (Street and Number) 356 Washington Street.
5. Full Name of Mother, Mary Apel.
6. Mother's Maiden Name, Mary Keizer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Keizer.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel.

Address, 71 North Chappel st. per Justina Kunkel

Remarks, Healthy.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th of February 1883.
4. Place of Birth, (Street and Number) 285 Durham st.
5. Full Name of Mother, Annie Haase.
6. Mother's Maiden Name, Annie Stern
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Stern
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 71 North Chappel st. Justina Kunkel

Remarks, Healthy.

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb 20 1883
4. Place of Birth, (Street and Number) 189 Pinault alley
5. Full Name of Mother, Frances Green
6. Mother's Maiden Name, Bush
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father, David Green
9. Father's Occupation,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mk Warner MD

Address, Strathan & Townsend

Remarks,

FEB 26 1883

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61804

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 20th 4 20 P. M. 1883
4. *Place of Birth (Street and Number)* 94 S Wolf
5. *Full Name of Mother* Mary Ellen Hoyt
6. *Mother's Maiden Name* Mary Ellen Keane
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Henry Hoyt
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle MD

Address 299 E Balto St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 61805

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 20. 1883.
4. *Place of Birth, (Street and Number)*	19 N. Highest.
5. *Full Name of Mother,*	Mamie A. Hanahan,
6. *Mother's Maiden Name,*	Mamie A. Pollard
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Joseph H. Hanahan
9. *Father's Occupation,*	Provision Dealer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	J. N. Houck M.D.
Address,	95 S. Baltimore St.
Remarks,	

...LANT & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-21-56

RETURN OF A BIRTH 61806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

David Carson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feb. 21. 1883
4. Place of Birth, (Street and Number) No 201 N Fremont St,
5. Full Name of Mother, Mary Carson
6. Mother's Maiden Name, " Wallace
7. Mother's Birthplace, Balt.
8. Full Name of Father, David Carson Jr.
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return C. W. Neff

Address, 306 W Fayette St

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 21st 1883
4. Place of Birth, (Street and Number)	5 Ensor Court
5. Full Name of Mother,	Mary Fuller
6. Mother's Maiden Name,	" Stokes
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Joseph Stokes
9. Father's Occupation,	Express Driver
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Silas W Hunter MD
Address,	36 Greenmount Ave
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

61808

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	21 Feb 1883
4. *Place of Birth (Street and Number)*	149 Sharp
5. *Full Name of Mother*	Emma Closson
6. *Mother's Maiden Name*	" Albaugh
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Thos Closson
9. *Father's Occupation*	Lime Dealer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	C. A Lewis
Address	162 Hanover
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH 61809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb 21st 1883
4. Place of Birth, (Street and Number)	Cor. Chester & Geyser Sts
5. Full Name of Mother,	Elizabeth D Klug
6. Mother's Maiden Name,	" " Baker
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Thomas D Klug
9. Father's Occupation,	Cabinet Maker
10. Father's Birthplace.	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return	Regina A Winter
Address,	186 Harford Ave
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	One.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 21st 7. A.M.
4. Place of Birth, (Street and Number)	Light St 234.
5. Full Name of Mother,	Louisa Pragel.
6. Mother's Maiden Name,	Louisa Braker.
7. Mother's Birthplace,	Balto. City.
8. Full Name of Father,	George Pragel.
9. Father's Occupation,	Trunkmaker.
10. Father's Birthplace,	Balto. City.
Name of Medical Attendant, or other Person who makes this Return	Kath Münch
Address,	1 Leadenhall St
Remarks,	

MAR 2 1883

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 6 1811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 21. 1883

4. Place of Birth, (Street and Number) 441 E. Fayette St.

5. Full Name of Mother, Maggie R. Heck

6. Mother's Maiden Name, " " Struendt

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Aug. H. Heck

9. Father's Occupation, Wood Painter

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return G. G. Keech M. D.

Address, 392 E. Balto. St.

Remarks, Patient

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61812

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [redacted] Child of Mother. (state whether 1st, 2d, 3d, &c.)	First,
1. Sex. (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb. 21. 1883
4. Place of Birth, (Street and Number)	148 S. Sharp St.
5. Full Name of Mother,	Mrs. Laura Wyatt
6. Mother's Maiden Name,	Mrs. " Roberts
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Wm. Luther Wyatt
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Richmond Co. Va.
Name of Medical Attendant, or other Person who makes this Return	C. C. Lurk M. D.
Address,	Balt. & Washington Sts
Remarks,	Natural

PRINTERS AND STATIONERS

RETURN OF A BIRTH 6181 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February the 21 1883
4. Place of Birth, (Street and Number)	Pratt No 815
5. Full Name of Mother,	Mary A Thaligan
6. Mother's Maiden Name,	Mary A Martin
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Michl J Thaligan
9. Father's Occupation,	Fireman
10. [redacted]ther's Birthplace.	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs J Kelly
Address,	No 792 Pratt St
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 Feb 1883
4. Place of Birth, (Street and Number) Balto. No. eldery st No 1
5. Full Name of Mother, Mary Dubinek
6. Mother's Maiden Name, M. Prashak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, James Dubinek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsh

Address, 69 N. Washington st

Remarks, Mary Kopitsh

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61815

FEB 23 1883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

...ther, (state whether 1st, ~~2d, 3d, &c.~~) ...

...r Male ~~or Female.~~) ...

(if not of the white race) ...

February 21, 1883

(Street and Number) 284 N. Calvert

Mother Genevieve Leland Dyer

...n Name Genevieve Leland Blodget

...lace New York

Father Douglas Stuart Dyer

...ation Merchant

...lace Baltimore Md.

...cal Attendant, or other Person who makes this Return. W. J. Howard (M.D.)

...1 Madison Avenue

...such presentation, Mother

...ild both doing well.

RETURN OF A BIRTH 61816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, February 21. 1883
4. Place of Birth, (Street and Number) 281 Orleans St
5. Full Name of Mother, Annie M Brunelsick
6. Mother's Maiden Name, Reese
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J H Brunelsick
9. Father's Occupation, Grocer Business
10. [illegible]her's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 281 McDonogh st

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 6187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown complexion
3. Date of Birth, February 21st 1883
4. Place of Birth, (Street and Number) ~~247~~ 138 Pierce St
5. Full Name of Mother, Alverta Burley
6. Mother's Maiden Name, " Spruce
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Burley
9. Father's Occupation, Caterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 4 Hamilton St

Remarks,

FEB 28 1883

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb 21, st 1883
4. Place of Birth, (Street and Number)	No 18 Poultny st
5. Full Name of Mother,	Cathrin Schultz
6. Mother's Maiden Name,	Keuchler
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Schultz
9. Father's Occupation,	Cabinet maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J Schwasser midwife
Address,	330 Hanover st.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 28 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st February
4. *Place of Birth, (Street and Number)* 27 Ensor St
5. *Full Name of Mother,* Kate Berger
6. *Mother's Maiden Name,* Kate Krausze
7. *Mother's Birthplace,* Baltimore Md.D.
8. *Full Name of Father,* Frank C. H. Berger
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Buffalo N. Y.

Name of Medical Attendant, or other Person who makes this Return Wilhelmina Hämel Midwife

Address, Baltimore Mott street 91

Remarks,

HY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61820

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of February 1883
4. Place of Birth, (Street and Number) No 11 Baty Ag
5. Full Name of Mother, Barbry Wagner
6. Mother's Maiden Name, Babry Snauck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Wagner
9. Father's Occupation, Cooper
10. [illegible]ther's Birthplace. Bigerm

Name of Medical Attendant, or other Person who makes this Return Sabina Griesbabo

Address, No 128 West St

Remarks,

FEB 24 1883

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 21st of February 1883.
4. Place of Birth, (Street and Number) 412 East Orleans st.
5. Full Name of Mother, Lizzie Reese.
6. Mother's Maiden Name, Lizzie Dounce.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Dounce.
9. Father's Occupation, Iron-moulder.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescintina Kunkel.

Address, 11 North Chapel st. per Justina Kunkel.

Remarks, Healthy.

PRINTING AND STATIONERY

RETURN OF A BIRTH 61822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex, (state whether male or female)	Girl.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	21st of February 1853.
4. Place of Birth, (Street and Number)	95 East Street.
5. Full Name of Mother.	Mary Boss Boss.
6. Mother's Maiden Name,	Mary Gündner.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Lorenz Gündner.
9. Father's Occupation,	Butcher.
[redacted] Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return	Crescentia Kunkel.
Address,	11 North Chapel st. for Justina Kunkel.
Remarks,	Married.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61823

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

FEB 1 26 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 21 of febuware 1883
4. Place of Birth, (Street and Number) 64 Chust Street
5. Full Name of Mother, Jargean prote
6. Mother's Maiden Name, Jargean parmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Luice prote
9. Father's Occupation, Drammer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Milley Gross

Address, ~~18~~ 12 Plum Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 21st "
4. Place of Birth, (Street and Number) No 196 Central ave
5. Full Name of Mother, Lizzie Uphoff
6. Mother's Maiden Name, " Schröder
7. Mother's Birthplace, Germany
8. Full Name of Father, August Uphoff
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Sievers

Address, No 90 Granby St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 21st 1883

4. Place of Birth, (Street and Number) No 12 E. Pratt St

5. Full Name of Mother, Mary Trautman

6. Mother's Maiden Name, Muhle

7. Mother's Birthplace, Germany

8. Full Name of Father, John Trautman

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Alex Gerlicke

Address, No 56 S. Bond St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st February 1893

4. Place of Birth, (Street and Number) 111 South Washington St

5. Full Name of Mother, Mary Warrington

6. Mother's Maiden Name, Mary J. Doody

7. Mother's Birthplace, Waterford Ireland

8. Full Name of Father, William Warrington

9. Father's Occupation, Sailor

10. Father's Birthplace Waterford Ireland

Name of Medical Attendant, or other Person who makes this Return Louisa Wiley Patterson M.D.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

61827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 6 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Feby 21st Feby 1883
4. Place of Birth (Street and Number) N. W. Cor. Townsend & Bearing Ave.
5. Full Name of Mother Mary Ellen Reardon
6. Mother's Maiden Name Mary Ellen Malley
7. Mother's Birthplace Balto City
8. Full Name of Father Jas. B. Reardon
9. Father's Occupation Stone Cutter
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John B. Monmonier M.D.

Address

Remarks S. W. Cohen & J. Reardon

Within six days thereafter, stating [illegible] of birth, sex, and color [illegible] born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 5 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or ~~female~~) ~~Boy~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21th 1883
4. Place of Birth, (Street and Number) 126 Piney St
5. Full Name of Mother, Annie E. Kessler
6. Mother's Maiden Name, " " Crause
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jerry M. Kessler
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, N. Carolina

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. per L.B.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

61829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 5 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6ten Geburt

1. Sex (state whether Male or Female) Bub
2. Race or Color (if not of the white race) Weiß
3. Date of Birth 21 Febr 1883
4. Place of Birth (Street and Number) S Bond St No 328
5. Full Name of Mother Marie Pegl
6. Mother's Maiden Name Marie Canitz
7. Mother's Birthplace Deutsch Bremen
8. Full Name of Father Fred Canitz
9. Father's Occupation Bekker
10. Father's Birthplace Sachsen

Name of Medical Attendant, or other Person who makes this Return. Hebamme

Address Terezie Merzl S Bond St No 330

Remarks Balti den 4ten Mertz 1883

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

6183a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 8

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 21. 83.
4. Place of Birth, (Street and Number) E. Prattstr No 274
5. Full Name of Mother, Katharina Komend
6. Mother's Maiden Name, Bride
7. Mother's Birthplace, Ireland
8. Full Name of Father, Johann Komend
9. Father's Occupation, Polity
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Baubach

Address, S. Wolfstr No 14.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 21. 83.
4. *Place of Birth, (Street and Number)* A. Warschingtonstr. 41
5. *Full Name of Mother,* Elisabeth Frankenberg
6. *Mother's Maiden Name,* Dinich
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Frankenberg
9. *Father's Occupation,* Putscher
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. Joh. Rauback

Address, S. Wolfstr. No 14

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex. (state whether male or female)	Female
2. Race or Color. (if not of the white race)	White
3. Date of Birth,	Feby 21/83
4. Place of Birth, (Street and Number)	387 E Lombard st.
5. Full Name of Mother.	Ida Roberts
6. Mother's Maiden Name.	" Moore
7. Mother's Birthplace,	Dorchester co. Md.
8. Full Name of Father.	Wynne Roberts
9. Father's Occupation,	Oysterman
10. Father's Birthplace,	Dorchester co. Md.
Name of Medical Attendant, or other Person who makes this Return	R W. Mansfield M.D.
Address,	117 S Broadway
Remarks.	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feb. 22, 1883
4. Place of Birth, (Street and Number) No 316 Lanvale Street
5. Full Name of Mother, Nettie Karsner
6. Mother's Maiden Name, " Innes
7. Mother's Birthplace, Balt.
8. Full Name of Father, Cecil Karsner
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return C. W. Neff

Address, 306 W Fayette St

Remarks,

MAR 15 1883

...of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female
2. Race or ~~Color~~, (if not of the white race)
3. Date of Birth, 22 February
4. Place of Birth, (Street and Number) 16 Common street
5. Full Name of Mother, Barbara Wagner
6. Mother's Maiden Name, Arrold
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Wagner
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 67835

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	22 February
4. Place of Birth, (Street and Number)	47 Pratt Street
5. Full Name of Mother,	Annie Linthurst
6. Mother's Maiden Name,	Gebauer
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Linthurst
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Easter
Address,	72. E. Lombard street
Remarks,	

...NTY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6183b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 22/83
4. *Place of Birth, (Street and Number)*	~~A~~ 353 S. Bond
5. *Full Name of Mother,*	Allice Toil
6. *Mother's Maiden Name,*	Kemp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Toil
9. *Father's Occupation,*	Corkker
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louise Kraft
Address,	236 Canton Ave
Remarks,	

...of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1837

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother Henrietta Milbourne 3

1. *Sex, (state whether male or female)* female child Daisy Ellen Gibson
2. *Race or Color, (if not of the white race)* Colored Born February 22 1892
3. *Date of Birth,* 22 1892 February two Months old
4. *Place of Birth, (Street and Number)* Born on Eutow Street 292 Near Lombard
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Henrietta Milbourne 307
7. *Mother's Birthplace,* Born in Baltimore december 12 1856 Eutow Street
8. *Full Name of Father,* John Gibson Born in Carolinia County Md
9. *Father's Occupation,* Brick Yard Man and Waiter Man
10. *Father's Birthplace,* Born in Caroline County Md

Name of Medical Attendant, or other Person who makes this Return. doctor annie Johnson 80 plum alley

Address, Mrs annie Johnson 80 plum alley

Remarks,

of the parents, and the maiden name of the mother of such child or children.

S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

61838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	colored
3. Date of Birth,	February 22 nd
4. Place of Birth, (Street and Number)	no 125 yorkst
5. Full Name of Mother,	cornlelia Fontian
6. Mother's Maiden Name,	cornlelia wilson
7. Mother's Birthplace,	Summerset county
8. Full Name of Father,	thomas Fontine
9. Father's Occupation,	labour
10. Father's Birthplace,	james town md
Name of Medical Attendant, or other Person who makes this Return	mrs Lydia Porter
Address.	no 4 patpsco avenue
Remarks.	healthy child

[illegible] of the parents, and the maiden name of the mother of such child or children."

[illegible]LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Feb 1883

4. Place of Birth, (Street and Number) Balto Washington st No 234

5. Full Name of Mother, Anna Mashek

6. Mother's Maiden Name, Anna Glienburger

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Henry Glienburger

9. Father's Occupation, Shoemaker

1[illegible] Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsh

Address, 69 N. Washington st

Remarks, Mary Kopitsh

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61840

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Feb 1883
4. *Place of Birth, (Street and Number)* Balto Durham St No
5. *Full Name of Mother,* Francy Fuka
6. *Mother's Maiden Name,* Fo Stransky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Fuka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roptish

Address, 69 N Washington St

Remarks,

Mary Roptish

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Feb 1883
4. Place of Birth, (Street and Number) Balto Register St No 115
5. Full Name of Mother, Dina Zeller
6. Mother's Maiden Name, Dina Winterling
7. Mother's Birthplace, Germany
8. Full Name of Father, George Zeller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N. Washington St

Remarks, Mary Koptish

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22nd. of February
4. *Place of Birth, (Street and Number)* No 54 Little Mc. Elderry st
5. *Full Name of Mother,* Elizabeth Hunter
6. *Mother's Maiden Name,* Elizabeth Harker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Hunter
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St.

Remarks,

FEB 22 1893

TY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6184 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 3 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	February 22
4. Place of Birth (Street and Number)	Baltimore Co. 13th district
5. Full Name of Mother	Maggie Ellen Pennington
6. Mother's Maiden Name	Maggie E. Hickney
7. Mother's Birthplace	Harpers Ferry
8. Full Name of Father	John Francis Pennington
9. Father's Occupation	Marble Polisher
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. Shaffer
Address	114 Ridgley Alley
Remarks	

RETURN OF A BIRTH

6 1844

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 of Feby 83
4. Place of Birth, (Street and Number) 3 Forrist St.
5. Full Name of Mother, Ger Lina Weber
6. Mother's Maiden Name, L. Denis
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry Weber
9. Father's Occupation, Bristle Worker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return Miss Hiller

Address, 1017 W. Pratt St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 6/1845

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Washington Neal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 22 1883
4. *Place of Birth, (Street and Number)* No 13 Elizabeth Lane
5. *Full Name of Mother* Mary Neal
6. *Mother's Maiden Name* Mary Kichler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Neal
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hornung

Address No 18 Byrd st

Remarks GIVEN NAME ADDED. 2-18-52

name of the mother of such child or children.

RETURN OF A BIRTH 61846

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 28 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 22nd 1883
4. *Place of Birth, (Street and Number)*	461 Druid Hill ave
5. *Full Name of Mother,*	Helen Sutro Bamberger
6. *Mother's Maiden Name,*	Sutro
7. *Mother's Birthplace,*	Brooklin
8. *Full Name of Father,*	Julius Bamberger
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Dr Winslow
Address,	23 W Lexington st
Remarks,	Balto

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

6 1847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* 22 day of February
4. *Place of Birth, (Street and Number)* 70 Biddle aly
5. *Full Name of Mother,* Cathine Taylor
6. *Mother's Maiden Name,* Cathine Corlell
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Thomas Taylor
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Maryann Mason

Address, 37 Walnut aly

Remarks, the Child is in good Health

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 22nd 1883

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Mary A. Shearer.

6. *Mother's Maiden Name,* Mary A. Kaner

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jas. A. Kaner

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. C. Mull

Address, [illegible] Light street

Remarks,

IET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 61849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb 22 nd 1883
4. *Place of Birth, (Street and Number)*	No 370 S. Charles st.
5. *Full Name of Mother,*	Catherine Gregory
6. *Mother's Maiden Name,*	Ries
7. *Mother's Birthplace,*	American
8. *Full Name of Father,*	Charles Gregory
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	American
Name of Medical Attendant, or other Person who makes this Return	J. Lohmeyer midwife
Address,	330 Hanover st.
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 22nd 1883

4. Place of Birth, (Street and Number) Gough Street

5. Full Name of Mother, Kate Dashiell Van Rossum

6. Mother's Maiden Name, " " Plummer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William E. Van Rossum

9. Father's Occupation, Driver in Fire Department

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James J. McShane. M.D.

Address, 688 Broadway

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

61851

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the 15

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* bollord
3. *Date of Birth,* 22th febery
4. *Place of Birth, (Street and Number)* 53 buidel aly
5. *Full Name of Mother,* vigen ua pir nil
6. *Mother's Maiden Name,* vigen ua butler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ribherd pirnel
9. *Father's Occupation,* labiere
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return marian mason

Address, 37 Walnut aly

Remarks, helthy

HY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

61852

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 13 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race ~~or Color (if not of the~~ white race)

3. Date of Birth 2-22-83

4. Place of Birth (Street and Number) Harford Road

5. Full Name of Mother Rosa Stout

6. Mother's Maiden Name Rosa Wyatt

7. Mother's Birthplace Md

8. Full Name of Father John Wesley Stout

9. Father's Occupation Minister

10. Father's Birthplace Penn.

Name of Medical Attendant, or other Person who makes this Return. Thos Miller M.D.

Address 179 E Monument Street

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 22. 1883
4. Place of Birth, (Street and Number) S. Eden St. No. 7.
5. Full Name of Mother, Agnes Burness
6. Mother's Maiden Name, Agnes Gröninger
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Burness
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

FEB 3 24 2 1883

PRINTERS AND STATIONERS

RETURN OF A BIRTH

61854

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 24 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	22 of February
4. Place of Birth, (Street and Number)	371 S. Charles St
5. Full Name of Mother,	Kate Feld
6. Mother's Maiden Name,	Kate Beck
7. Mother's Birthplace,	Hessen
8. Full Name of Father,	William Feld
9. Father's Occupation,	Hessen
10. Father's Birthplace	Cabinetmaker
Name of Medical Attendant, or other Person who makes this Return	Sabina Griesbaber
Address,	No 108 West St
Remarks,	

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61855

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 22 1883

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb 22nd 1883
4. Place of Birth, (Street and Number) Maternity Hospt 161 W Lanvale St
5. Full Name of Mother, Wilhelmina Harris
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Maryland U. S. A
8. Full Name of Father, -
9. Father's Occupation, -
10. [redacted]ther's Birthplace, -

Name of Medical Attendant, or other Person who makes this Return W. Ellis Welch Resident Phys

Address, Maternity Hospt 161 W. Lanvale

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 22nd 1883
4. Place of Birth, (Street and Number) 276 Mount St
5. Full Name of Mother, Maggie Naas
6. Mother's Maiden Name, " Winkelman
7. Mother's Birthplace, Balto
8. Full Name of Father, John H Naas
9. Father's Occupation, R R Clerk B&C
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return C M K Warner M.D.

Address, Stricker & Townsend

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9/1 22

4. Place of Birth, (Street and Number) No. 22 Walker St.

5. Full Name of Mother, Magaretha Brahmen

6. Mother's Maiden Name, Wig

7. Mother's Birthplace, Germany

8. Full Name of Father, John Brahmen

9. Father's Occupation, Store keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. H. Goetzke

Address, 55 S. Bond St.

Remarks,

FED 1933

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 27 1883

No. Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 22nd
4. Place of Birth, (Street and Number) Baltimore Baltimore St No. 869
5. Full Name of Mother, Georganna Cherry
6. Mother's Maiden Name, " Craft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Cherry
9. Father's Occupation, Segar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 55 Durham st.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61859

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 6 1883

No. [redacted] Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state wheiher male or ~~female~~) White
2. Race or Color, (if not of the white race)
3. Date of Birth, February 22nd 1883
4. Place of Birth, (Street and Number) 20 S. Amity St
5. Full Name of Mother, Elizabeth Kriner
6. Mother's Maiden Name, " Kriner
7. Mother's Birthplace, Balto Co Md
8. Full Name of Father, Chas Miller
9. Father's Occupation, Painter
10. Father's Birthplace, Dont Know

Name of Medical Attendant, or other Person who makes this Return H L. Spicer M.D.

Address, 987 W Lombard St.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 61860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 22, 1893
4. Place of Birth, (Street and Number)	44 S. Calhoun
5. Full Name of Mother	Dollie M. Ward
6. Mother's Maiden Name,	Ronnoser
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Robert Wesley Ward
9. Father's Occupation,	Moulder
10. Father's Birthplace.	Balt.
Name of Medical Attendant, or other Person who makes this Return	J. M. Stood
Address,	322 Hollins st
Remarks,	Large Female baby

PRINTERS AND STATIONERS

RETURN OF A BIRTH

61861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 5 1883

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 22nd 1883
4. Place of Birth, (Street and Number) 29 Hamburg St
5. Full Name of Mother, Volare Lent
6. Mother's Maiden Name, Trommell
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Fred H. Lent
9. Father's Occupation, Laborer
10. Father's Birthplace, Mass

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. per L B

Address,

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

61862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Twins)

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) February 22nd 1883
3. Date of Birth, X 89 Scott St
4. Place of Birth, (Street and Number) Margaret Gray
5. Full Name of Mother, Margaret Hawthorn
6. Mother's Maiden Name, Balto. Md
7. Mother's Birthplace, Zaccharia Gray
8. Full Name of Father, Carpenter
9. Father's Occupation, Balto. Co. Md.
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return H. L. Secrest M.D.

Address, 387 W. Lombard St.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH, 1863

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)	1st
ther male or female)	female
r, (if not of the white race)	white race
	february the 22
th, (Street and Number)	Baltimore Edth st No number
f Mother	Mary Metzger
den Name	Mary Koch
hplace	fredrick
Father	fredrick Metzger
pation	laborer
hplace	germaney
ical Attendant or other Person who makes this Return.	Elizabeth Hutchorn
	William st No 3 yd

RETURN OF A BIRTH 61864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Thursday Feb 22nd. 84
4. Place of Birth, (Street and Number)	Corner Haw & Eager St.
5. Full Name of Mother,	Amie Emick.
6. Mother's Maiden Name,	Amie Smith.
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	John Emick
9. Father's Occupation,	Baker,
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	20 1/2 Greenmount ave.
Remarks,	V.P.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

6186.1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~32 E. Eager St.~~ February 22nd. 83
4. Place of Birth, (Street and Number) 32 E. Eager St.
5. Full Name of Mother, Kate Robinson
6. Mother's Maiden Name, Kate Hopkins.
7. Mother's Birthplace, Wicomico Co. Md.
8. Full Name of Father, George Robinson.
9. Father's Occupation, Oyster Dredger,
10. Father's Birthplace, Wicomico Co Md.

Name of Medical Attendant, or other Person who makes this Return Wilmer Printow MD

Address, 25½ Greenmont Ave

Remarks,

PRINTERS AND STATIONERS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 13th DAY Dec.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
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BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
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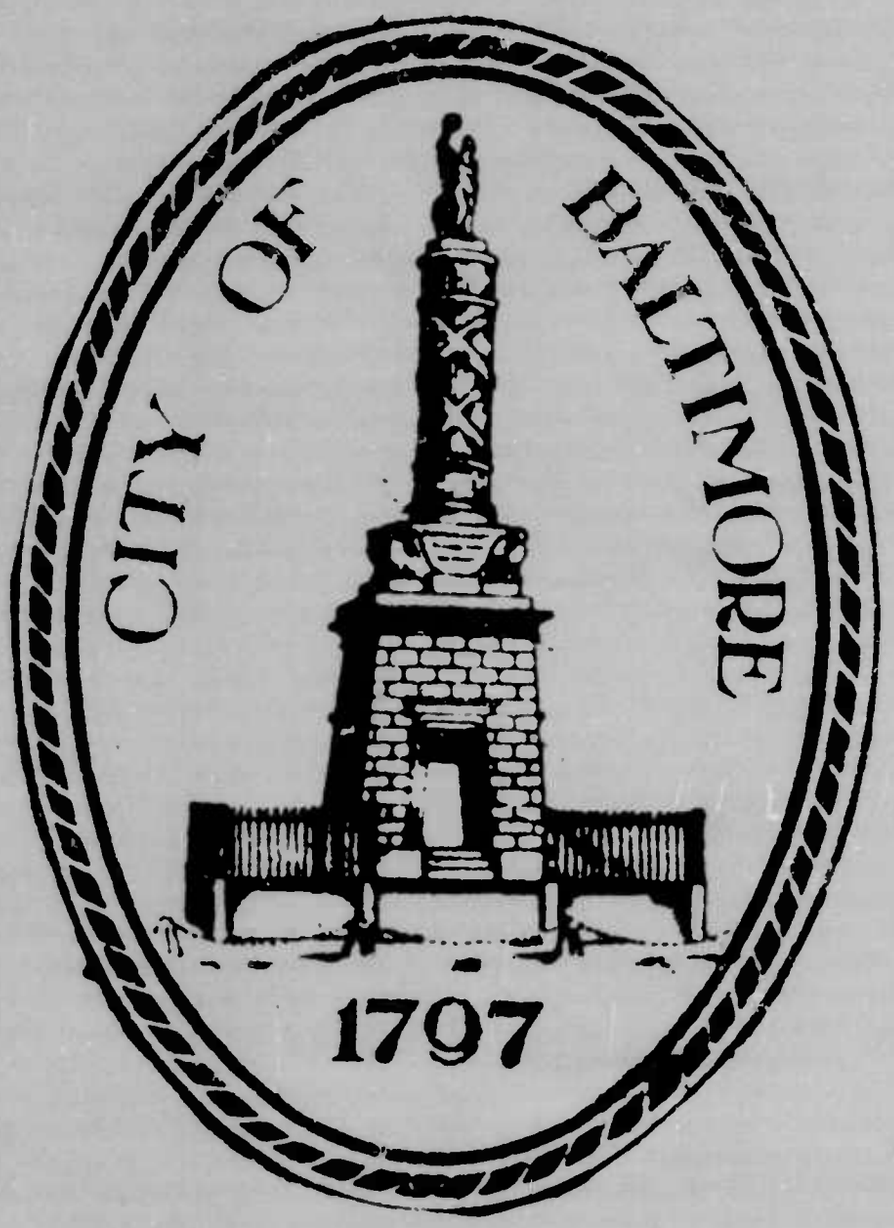
CAMERA OPERATOR: D McFaul



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